

SEER EXTENT OF DISEASE -- 1988

CODES AND CODING INSTRUCTIONS

THIRD EDITION

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Preface to the Third Edition

This is the first complete review and revision of the *SEER Extent of Disease -- 1988: Codes and Coding Instructions* (EOD-88) since it was first published. In 1992, SEER published the second edition, in which the most significant change from the first edition was that primary site codes were updated to the World Health Organization's *International Classification of Diseases for Oncology*, 2nd ed. (WHO, 1990) (ICD-O-2).

In preparing for this third edition, the work of reviewing the previous material and interim revisions was conducted by eight Working Groups who transacted business by telephone conference, fax and mail. We are grateful to them for the time they spent doing in-depth review and marathon phone calls. The names of all Working Group members appear on the acknowledgement page of this edition and we thank them for their participation in this project.

This edition was extensively edited to clarify existing guidelines, to update various schemes based on questions received by the SEER Inquiry System, and to maintain uniformity with the edition of the TNM staging system in effect at the time of publication of this manual. Both the first and second editions of EOD-88 are compatible with the American Joint Committee on Cancer's (AJCC) *Manual for Staging of Cancer*, 3rd ed. (Lippincott, 1988). The third edition of the SEER EOD manual has been made fully compatible with the *AJCC Cancer Staging Manual*, fifth edition, (Lippincott-Raven, 1997). There are no plans to address variances or changes in the fourth edition of the AJCC manual.

Two new features in this edition are a list of the ICD-O-2 primary sites included in each scheme, and an indication of the sites where a laterality code is required by SEER, marked with the symbol <> next to the term.

Changes are effective with cases diagnosed January 1, 1998 and after, except as noted. Differences between the second edition and the third edition are marked with | change bars in the LEFT margin of each column. Differences can be either a coding change or supplemental information which was not part of the second edition. Format changes, editorial changes, and changes necessitated by the adoption of ICD-O-2 are not so marked. Substantive changes made to the first and second editions in the past are not so marked, but are described in Appendix 2.

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Abbreviations and Symbols Used in this Manual

AJCC	American Joint Committee on Cancer
C-	Topography code of the International Classification of Diseases for Oncology, Second Edition (ICD-O-2), 1990
cm	centimeter
EOD	Extent of Disease
excl.	excluding, exclusive
FIGO	Federation Internationale de Gynecologie et d'Obstetrique
GE	Gastroesophageal
GI	Gastrointestinal
incl.	including, inclusive
KUB	Kidneys, Ureters, Bladder
L	left
M-	Morphology code of the International Classification of Diseases for Oncology, Second Edition (ICD-O-2), 1990
mm	millimeter
MSB	Main Stem Bronchus
NOS	Not Otherwise Specified
R	right
SEER	Surveillance, Epidemiology and End Results
TNM	Primary <u>T</u> umor, Regional Lymph <u>N</u> odes, Distant <u>M</u> etastasis, the staging system developed by the International Union against Cancer (UICC) and the American Joint Committee on Cancer (AJCC).
<	less than
>	greater than
≤	less than or equal to
≥	greater than or equal to
◁▷	Laterality must be coded for this site. Laterality may be submitted for other sites. Laterality codes are listed in Appendix 1, page 186.
	change bar in left margin of a page or column; indicates a difference between EOD 2 nd and 3 rd editions. The difference can be either additional information or a coding change. See page vii for additional information.

Definitions of Terms Used in this Manual

Adjacent connective tissue

Some of the EOD schemes for ill-defined or non-specific sites in this manual contain a code '40,' adjacent connective tissue, which is defined here as the unnamed tissues that immediately surround an organ or structure containing a primary cancer. Use this code when a tumor has invaded past the outer border (capsule, serosa, or other edge) of the primary organ into the organ's surrounding supportive structures but has not invaded into larger structures or adjacent organs.

The structures considered in ICD-O-2 as connective tissue include the following: adipose tissue; aponeuroses; arteries; blood vessels; bursa; connective tissue, NOS; fascia; fatty tissue; fibrous tissue; ganglia; ligaments; lymphatic channels (not nodes); muscle; nerves (spinal, sympathetic and peripheral); skeletal muscle; subcutaneous tissue; synovia; tendons; tendon sheaths; veins; and vessels, NOS. In general, these tissues do not have specific names. These tissues form the framework of many organs, provide support to hold organs in place, bind tissues and organs together, and serve as storage sites for nutrients. Blood, cartilage and bone are sometimes considered connective tissues, but in this manual they would be listed separately.

Adjacent organs

Organs are anatomic structures with specific physiologic functions other than (or in addition to) support and storage. Continuous tumor growth from one organ into an organ lying next to the primary would be coded to '60,' adjacent organs/structures, in EOD schemes for ill-defined and non-specific sites.

Adjacent structures

Connective tissues large enough to be given a specific name would be considered adjacent structures. For example, the brachial artery has a name, as does the broad ligament. Continuous tumor growth from one organ into an adjacent named structure would be coded to '60' in the EOD schemes for ill-defined or non-specific sites.

Cortex (adjective: cortical)

The external or outer surface layer of an organ, as distinguished from the core, or medulla, of the organ. In some organs, such as the adrenal glands, the cortex has a different function than the medulla.

Medulla (adjective: medullary)

The central portion of an organ, in contrast to the outer layer or cortex. Sometimes called marrow. In some organs, such as bone, the medulla or marrow has a different physiologic role than the cortex.

Parenchyma

The parenchyma is the functional portion of an organ, in contrast to its framework or stroma. For example, the parenchyma of the kidney contains all of the structures which filter and remove waste products from the blood. In general, malignancies tend to arise in the parenchyma of an organ.

Stroma

The stroma is the cells and tissues that support, store nutrients, and maintain viability *within* an organ. Stroma consists of connective tissue, vessels and nerves, and provides the framework of an organ. In general, spread of tumor to the stroma of an organ is still considered localized or confined to the organ of origin.

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General Instructions for Using the SEER Extent of Disease --1988 Codes and Coding Instructions

The Extent of Disease schemes consist of a 10-digit code to be submitted for each and every site. It will be identified by a '4' in Section IV, Field 12. This scheme replaces the 13-digit (SEER), the 2-digit (ERG), the non-specific, and the SEER 1983-87 4-digit schemes. It will apply to January 1, 1988 diagnoses and later. Do **NOT** replace schemes for cases diagnosed prior to January 1, 1988 with this scheme; cases diagnosed prior to 1988 will remain coded to whatever scheme was in operation at that time.

General Guidelines

1. For ALL sites, extent of disease is based on a combined clinical and operative/pathological assessment. Gross observations at surgery are particularly important when all malignant tissue is not removed. In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report.
2. Extent of Disease should include all information available **within four months** of diagnosis in the absence of disease progression or through completion of surgery(ies) in first course of treatment, whichever is longer.
3. Except for tumor size (see guideline 4), Extent of Disease information obtained after treatment with neoadjuvant chemotherapy, radiation, hormonal therapy, or immunotherapy has begun may be included.
4. In coding size of tumor, code the size given prior to radiation therapy for surgical patients pretreated by radiation therapy. Do NOT code pathologic size of tumor if patient has been pretreated with neoadjuvant chemotherapy, hormonal therapy, immunotherapy or radiation therapy.
5. Metastasis known to have developed after the extent of disease was established should be excluded.
6. Clinical information, such as description of skin involvement for breast cancer and size of the primary lesion and distant lymph nodes for any site, can change the stage. Be sure to review the clinical information carefully to assure accurate extent of disease. If the operative/pathology information disproves the clinical information, code the operative/pathology information.
7. All schemes apply to all histologies unless otherwise noted.
8. Autopsy reports are used in coding Extent of Disease just as are pathology reports, applying the same rules for inclusion and exclusion.
9. Death Certificate **only** cases, except for prostate, are coded as '9999999999' in the SEER Extent of Disease 1988 scheme. Death certificate only prostate cases are always coded '999909999990.'
10. The extent of disease may be described only in terms of T (tumor), N (node) and M (metastasis) characteristics. In such cases, record the EOD code that corresponds to the TNM information. If there is a discrepancy between documentation in the medical record and the physician's assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM.
11. Site-specific guidelines take precedence over general guidelines. Always read the information pertaining to a specific site.

General Instructions (cont.)

Interpreting Ambiguous Terminology for EOD

Consider as involvement

adherent
 apparent(ly)
 appears to
 comparable with
 compatible with
 consistent with
 contiguous/continuous with
 encroaching upon*
 extension to, into, onto, out onto
 features of‡
 fixation to another structure**
 fixed**
 impending perforation of
 impinging upon
 impose/imposing on
 incipient invasion
 induration
 infringe/infringing‡
 into*
 intrude‡
 invasion to into, onto, out onto
 most likely‡
 onto*
 overstep‡
 presumed
 probable
 protruding into (unless encapsulated)
 suspected
 suspicious
 to*
 up to

- * interpreted as involvement whether the description is clinical or operative/ pathological
- ** interpreted as involvement of other organ or tissue

DO NOT Consider as Involvement

abuts
 approaching
 approximates
 attached
 cannot be excluded/ruled out
 efface/effacing/effacement‡
 encased/encasing
 encompass(ed)
 entrapped
 equivocal
 extension to without invasion/
 involvement of
 kiss/kissing‡
 matted (except for lymph nodes)‡
 possible
 questionable
 reaching‡
 rule out
 suggests
 very close to
 worrisome‡

‡ Approved by NAACCR Uniform Data Standards Committee with effective date 1/1/1999.

General Instructions (cont.)

EXTENT OF DISEASE FIELDS

The fields of information required for extent of disease are:

Tumor Size (3 digits)

Extension (2 digits for all sites plus 2 additional digits for prostate pathologic extension after prostatectomy)

Lymph Nodes (1 digit)

Pathologic Review of Regional Lymph Nodes (two fields, 2 digits each)

I. TUMOR SIZE (3 digits)

1. Record the exact size of the primary tumor for all sites except where stated to be 'not applicable'. Record in millimeters (tenths of centimeters) as XXX mm. To convert centimeters to millimeters, multiply the dimension by 10. Code '999' is reserved for unknown size or not applicable.

2. Always code the size of the tumor, not the size of the polyp, ulcer, or cyst.

3. Record the largest dimension or diameter of tumor, whether it be from a biopsy specimen or the complete resection of the primary tumor. Do not record tumor size for a needle biopsy specimen; code this as '999.'

Example Tumor is described as 2.4 x 5.1 x 1.8 cm in size. Record tumor size as '051.'

4. If both an in situ and an invasive component are present and each is measured, record the size of the invasive component even if it is smaller. If only one size is given for a mixed in situ and invasive tumor, code size as 999, unknown.

Example Tumor is mixed in situ and invasive adenocarcinoma, total 3.7 cm in size, of which 1.4 cm is invasive. Record tumor size as '014.'

5. For purely in situ lesions, code the size as stated.

6. In coding size of tumor, code the size given prior to radiation therapy for surgical patients pretreated by radiation therapy. Do NOT code pathologic size of tumor if patient has been pretreated with neoadjuvant chemotherapy, hormonal therapy, immunotherapy or radiation therapy. (General Guideline #4)

7. In general, record tumor size from the pathology report if it is available. Each site-specific coding scheme lists the priority of clinical information to be used when the pathologic size of the tumor is not recorded.

Information on size from imaging/radiographic techniques can be used to code size, but it should be taken as low priority, just above physical exam.

8. Do **NOT** add pieces or chips together to create a whole; they may not be from the same location, or they may represent only a very small portion of a large tumor. However, if the pathologist states an aggregate or composite size (determined by piecing the tumor together and measuring it), record that size.

9. If an excisional biopsy is performed, and residual tumor at time of resection of the primary is found to be larger than the excisional biopsy, code the size of the residual tumor.

General Instructions (cont.)

Tumor Size, continued

Special Codes--General Guidelines

Note: Review the site-specific scheme for the primary being coded to find any additional special codes.

000 Use '000' to indicate no mass or no tumor found, for example, when a tumor of a stated primary site is not found, but the tumor has metastasized.

Example Ductal carcinoma found in an axillary lymph node. No tumor found in breast on physical exam or by pathological examination of the breast, but the physician states that the breast is definitely the primary site. *EOD tumor size code would be '000.'*

Do NOT use '000' in the size field when a tumor is not visible on physical exam or by imaging, but the tumor is found microscopically.

Example Inspection of the cervix shows no visible tumor; biopsy of the cervix shows invasive squamous cell carcinoma. If no size of the tumor is given in the pathology report, tumor size code is '999.'

001 Code '001' indicates microscopic focus or foci of tumor only.

002 For breast cancer, a non-palpable tumor discovered or diagnosed on mammography/xerography only with no size given is coded as '002.' A breast tumor 2 millimeters in size would be coded to '003.'

009 In general if a tumor is described as "less than 1 cm," code as '009.'

019 In general if a tumor is described as "less than 2 cm," code as '019.'

997 For breast cancer, Paget's disease of the nipple with no underlying tumor is coded to '997' rather than '000.'

998 The descriptions in code '998' take precedence over any mention of size. Code '998' is used only for the following sites:

Esophagus (C15.0-C15.5, C15.8-C15.9): Entire circumference

Stomach (C16.0-C16.6, C16.8-C16.9): Diffuse, widespread— $\frac{3}{4}$ or more, linitis plastica

Colorectal (M-8220/8221 with /2 or /3): Familial/multiple polyposis

Lung and main stem bronchus (C34.0-C34.3, C34.8-C34.9): Diffuse, entire lobe or lung

Breast (C50.0-C50.6, C50.8-C50.9): Inflammatory carcinoma (8530/3); Diffuse, widespread— $\frac{3}{4}$

or

more of breast

999 For the following sites, size is not applicable. Record as '999.'

Hematopoietic neoplasms

Immunoproliferative diseases

Letterer-Siwe's disease

Leukemia

Multiple myeloma

Myeloproliferative diseases

Reticuloendotheliosis

Unknown and ill-defined primary sites (C76.0-C76.5, C76.7-C76.8, C80.9, C42.- and C77.-)

If size is not recorded, code as '999.'

General Instructions (cont.)

Tumor Size, continued

Site-Specific Instructions

For melanoma of skin, vulva, penis, scrotum, and conjunctiva SEER requires information on depth of invasion or thickness of tumor instead of size to be coded in this field.

For mycosis fungoides and Sezary's disease of skin, vulva, penis, and scrotum, SEER requires information on peripheral blood involvement instead of size to be coded in this field.

For Hodgkin's disease, non-Hodgkin's lymphoma and Kaposi's sarcoma, SEER requires information on HIV status instead of size to be coded in this field.

General Instructions (cont.)

Determining Descriptive Tumor Size

Millimeter Equivalents for Descriptive Terms

<u>Fruits</u>	<u>mm</u>	<u>Miscellaneous Food</u>	<u>mm</u>
Apple	070	Doughnut	090
Apricot	040	Egg	050
Cherry	020	Bantam	040
Date	040	Goose	070
Fig (dried)	040	Hen	030
Grape	020	Pigeon	030
Grapefruit	100	Robin	020
Kumquat	050	Lentil	009
Lemon	080	Millet	009
Olive	020		
Orange	090	<u>Money</u>	
Peach	060	Dime	010
Pear	090	Dollar, silver	040
Plum	030	Dollar, half	030
Tangerine	060	Nickel	020
		Quarter	020
<u>Nuts</u>		Penny	010
Almond	030		
Chestnut	040	<u>Other</u>	
Chestnut, horse	040	Ball, golf	040
Hazel	020	Ball, ping-pong	030
Hickory	030	Ball, tennis	060
Peanut	010	Baseball	070
Pecan	030	Eraser on pencil	009
Walnut	030	Fist	090
		Marble	010
<u>Vegetables</u>		Matchhead	009
Bean	010		
Bean, lima	020	Microscopic focus	001
Pea	009		
Pea, split	009		

SIZES IN CENTIMETERS, MILLIMETERS, INCHES

10 millimeters (mm) = 1 centimeter (cm)

1 millimeter (mm) = 1/10 centimeter (cm)

2.5 centimeters (cm) = 1 inch (in)

1 centimeter (cm) = .394 inch (in)

General Instructions (cont.)

II. EXTENSION (2 digits)

Code the farthest documented extension of tumor away from the primary site, either by contiguous extension or distant metastasis.

The description of the primary tumor growth within the organ of origin or its extension to neighboring organs, or its metastasis to distant sites is summarized in a 2-digit hierarchical code in which the most extensive disease is all that is coded. Thus, information about the extent of the tumor within the primary site is lost if the tumor extends to neighboring organs, and extension to neighboring organs is lost if there is distant metastasis. Code '99' is reserved for unknown extension.

1. A “localized, NOS” category is provided for those cases in which the only description is “localized with no further information.” “NOS” codes should be used only after an exhaustive search for more specific information.
2. If a tumor is described as “confined to mucosa,” determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria.
3. Extent of Disease information obtained after treatment with neoadjuvant chemotherapy, radiation, hormonal therapy, or immunotherapy has begun may be included. (General Guideline #3)
4. Metastasis known to have developed after extent of disease was established should be excluded. (General Guideline #5)
5. Code 85 represents distant metastases; in other words, tumor that has spread indirectly (through vascular or lymph channels) to a site remote from the primary tumor. With the exception of corpus uteri and ovary, all codes up to code ‘85’ represent contiguous (direct) extension of tumor from the site of origin to the organ/structure/tissue represented in the code.

Example Carcinoma of the prostate with extension to pubic bone would be coded ‘60.’
Carcinoma of the prostate with metastases to thoracic spine would be coded to ‘85.’
6. If the only indication of extension in the record is the physician’s statement of a T category from the TNM staging system or a stage from a site-specific staging system, such as Dukes’ C, record the numerically lowest equivalent EOD extension code for that T category.
7. If the information in the medical record is ambiguous or incomplete regarding the extent to which the tumor has spread, the extent of disease may be inferred from the T category stated by the physician.

General Instructions (cont.)

III. LYMPH NODES

Record the highest specific lymph node chain that is involved by tumor.

Regional lymph nodes are listed for each site and then, as necessary, the regional (first station) lymph nodes are classified in terms of size, laterality, number of involved nodes, and distance of the lymph nodes from the primary site. It is a 1-digit field, a hierarchical code, in which once distant lymph node involvement is observed, all mention of regional nodal involvement is lost.

Since “in situ” by definition means noninvasive, code lymph node involvement as '0'. If there is evidence of nodal involvement of a tumor described as in situ, it would indicate that an area of invasion was simply missed, and it is **NOT** an in situ lesion.

For solid tumors, the terms “fixed” or “matted” and “mass in the mediastinum, retroperitoneum, and/or mesentery” (with no specific information as to tissue involved) are considered involvement of lymph nodes. Any other terms, such as “palpable,” “enlarged,” “visible swelling,” “shotty,” or “lymphadenopathy” should be ignored (except for adenopathy and mass in the mediastinum for lung primaries); look for a statement of involvement, either clinical or pathological.

For lymphomas, any mention of lymph nodes is indicative of involvement.

When size of involved regional lymph nodes is required, code from pathology report. Code the size of the metastasis, not the entire node. Size can be coded if the size for the entire node falls within one of the codes, for example a single node 1.5 cm in size can be coded to “single lymph node \leq 2 cm” because the metastasis cannot be larger than 1.5 cm.

Regional lymph nodes are not palpable for inaccessible sites such as bladder, kidney, prostate, esophagus, stomach, lung, liver, corpus uteri and ovary. The best description concerning regional lymph nodes will be the surgeon's evaluation at the time of exploratory surgery or definitive surgery.

The terms “homolateral” and “ipsilateral” are used interchangeably. Any unidentified nodes included with the resected primary site specimen are to be considered as “Regional, NOS.”

Codes are provided for “regional lymph node(s), NOS” and for “lymph nodes, NOS.” “NOS” codes should be used *only* after an exhaustive search for more specific information.

If the only indication of lymph node involvement in the record is the physician's statement of an N category from the TNM staging system or a stage from a site-specific staging system, such as Dukes' C, record the numerically lowest equivalent EOD lymph node code for that N category.

If there is a discrepancy between documentation in the medical record and the physician's assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM. (General Guideline #10)

If the information in the medical record is ambiguous or incomplete regarding the extent to which the tumor has spread, lymph node involvement may be inferred from the N category stated by the physician.

General Instructions (cont.)

IV. PATHOLOGIC REVIEW OF REGIONAL LYMPH NODES

Record the total number of regional lymph nodes involved by tumor (positive) and the total number of regional lymph nodes examined by the pathologist.

Number of REGIONAL lymph nodes: POSITIVE nodes (first two-characters) and nodes EXAMINED (second two-characters) for all sites except the hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms, lymphomas, the brain, cerebral meninges, and other parts of the nervous system, and unknown or ill-defined primary sites which are coded 9999. (This is based on **pathology information ONLY**.)

NUMBER OF REGIONAL NODES

<u>POSITIVE</u>		<u>EXAMINED</u>	
00	All nodes examined negative	00	No nodes examined
01	One positive lymph node	01	One node examined
02	Two positive lymph nodes	02	Two nodes examined
..			
..		..	
10	Ten positive lymph nodes	..	
11	Eleven positive lymph nodes	10	Ten nodes examined
..		11	Eleven nodes examined
..		..	
..		90	Ninety or more regional lymph nodes examined
		95	No regional lymph node(s) removed, but aspiration of regional lymph node(s) was performed
96	96 or more nodes positive	96	Regional lymph node removal documented as a sampling and number of lymph nodes unknown/not stated
97	Positive nodes but number of positive nodes not specified	97	Regional lymph node removal documented as dissection and number of lymph nodes unknown/not stated
98	No nodes examined	98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	UNKNOWN if nodes are positive or negative; not applicable	99	UNKNOWN if nodes were examined; not applicable or negative

Exception Because lymphomas frequently arise in nodal sites, these two fields are always coded '99' and '99' for both nodal and extranodal lymphomas.

Note: Use code 97 in "Number of Regional Nodes Positive" for a lymph node aspiration when the cytology or histology is positive for malignant cells.

General Instructions (cont.)

All EOD schemes apply to all histologies unless otherwise noted. (General Guideline #7)

UNKNOWN AND NOT APPLICABLE

UNKNOWN will only be used when there is no descriptive information or when there is insufficient information because of an inadequate workup. It is to be used only if more specific information cannot be found.

Size of the Primary Tumor	999 - Not stated; not applicable
Extension	99 - UNKNOWN; not applicable
Lymph Nodes	9 - UNKNOWN; not stated; not applicable
Pathologic Review of Regional Lymph Nodes	9999 -UNKNOWN; not applicable

Code '9' to indicate that a field is not applicable. For example, "Lymph Nodes" is not an applicable field for brain tumors or leukemia.

Exception Death Certificate only cases except for prostate are always coded '9999999999.'
Death certificate only prostate cases are always coded '999909999990.'

DISEASES DISSEMINATED AT DIAGNOSIS

Hematopoietic and reticuloendothelial neoplasms such as leukemia (M-9800-9940), multiple myeloma (M-9732), reticuloendotheliosis (M-9722, 9941), and Letterer-Siwe's disease (M-9722), as well as immunoproliferative (M-9760-9768) and myeloproliferative neoplasms are considered disseminated disease at diagnosis. These conditions will always be coded as '80,' systemic disease, under Extension, and 9s in the remaining fields.

HODGKIN'S DISEASE and NON-HODGKIN'S LYMPHOMA

All lymphomas, both nodal and extranodal, are coded to the lymphoma scheme (histology codes (M-9590-9595, 9650-9698, 9702-9717) except for mycosis fungoides (M-9700) and Sezary's disease (M-9701) which have a separate scheme found under the skin site codes C44._.

Pathologic review of regional lymph nodes for all lymphoma--nodal and extranodal--should be coded '9999.'

KAPOSI'S SARCOMA and RETINOBLASTOMA

Kaposi's sarcoma (M-9140) and retinoblastoma (M-9510-9512) also have separate schemes based on morphology alone.

LIP, ORAL CAVITY, AND PHARYNX

DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR LIP, ORAL CAVITY, AND PHARYNX

Careful attention must be given to the use of the term “confined to mucosa” for lip, oral cavity, and pharynx.

Historically, carcinomas described as “confined to mucosa” have been coded as localized. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

- 1) if the tumor is confined to the epithelium, in which case it is in situ, **OR**
- 2) if the tumor has penetrated the basement membrane to invade the lamina propria, in which case it is localized and is coded to invasion of the lamina propria.

The mucosa lining the oral cavity consists of:

The EPITHELIAL LAYER which borders on the lumen and contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

The lip, oral cavity, and pharynx do **NOT** have a MUSCULARIS MUCOSAE. Therefore, the lamina propria and the submucosa tend to merge, and the two terms are used interchangeably.

The SUBMUCOSA is a thick layer of either dense or areolar connective tissue. It contains blood vessels, lymphatic vessels, nerves, and, in some regions, glands. Only the GUM and HARD PALATE do **NOT** have a submucosa, but rather a mucoperiosteum.

The MUSCULARIS PROPRIA is muscle tissue which constitutes the wall of the organ. Only the GUM and HARD PALATE do **NOT** have a muscularis.

There is no SEROSA on any of these sites.

**LIP AND ORAL CAVITY
TABLE OF ANATOMIC STRUCTURES**

PRIMARY SITE	MUCOSA			SUBMUCOSA	MUSCULARIS PROPRIA	SEROSA
	Epithelium	: : :	Lamina Propria			
Lip (C00._)	Yes	: : :	Yes	Yes	Yes	No
Tongue (C01._, C02._)	Yes	B A S	Yes	Yes	Yes	No
Gum (C03._, C06.2)	Yes	E M E	Yes	No	No	No
Floor of Mouth (C04._)	Yes	N T :	Yes	Yes	Yes	No
Buccal Mucosa (C06.0-C06.1)	Yes	: : M	Yes	Yes	Yes	No
Hard Palate (C05.0)	Yes	E M B	Yes	No	No	No
Soft Palate (C05.1-C05.2)	Yes	R A N	Yes	Yes	Yes	No
Other Mouth (C05.8-C05.9) (C06.8-C06.9)	Yes	E : : :	Yes	Yes	Yes	No

For lip, oral cavity, and pharynx, if a tumor is described as “confined to mucosa,” determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria.

DEFINITION OF ANATOMIC SITES WITHIN THE HEAD AND NECK

adapted from the *Summary Staging Guide 1977* published by the SEER Program,
and the *AJCC Cancer Staging Manual fifth edition* published by
the American Joint Committee on Cancer Staging.

Note: **Not all sites in the lip, oral cavity, pharynx and salivary glands are listed below. All sites to which an EOD scheme applies are listed at the beginning of the scheme.**

ORAL CAVITY AND ORAL PHARYNX (in ICD-O-2 sequence)

The oral cavity extends from the skin-vermilion junction of the lips to the junction of the hard and soft palate above and to the line of circumvallate papillae below.

The oral pharynx (oropharynx) is that portion of the continuity of the pharynx extending from the plane of the inferior surface of the soft palate to the plane of the superior surface of the hyoid bone (or floor of the vallecula) and includes the base of tongue, inferior surface of the soft palate and the uvula, the anterior and posterior tonsillar pillars, the glossotonsillar sulci, the pharyngeal tonsils, and the lateral and posterior walls.

They are divided into the following specific areas:

LIPS (C00._; vermilion surface, mucosal lip, labial mucosa) upper and lower, form the upper and lower anterior wall of the oral cavity. They consist of an exposed surface of modified epidermis beginning at the junction of the vermilion border with the skin and including only the vermilion surface or that portion of the lip that comes into contact with the opposing lip. The lips extend from commissure to commissure and, for SEER EOD include the mucous membrane lining the inner surface of the lips (labial mucosa). For AJCC, the labial mucosa is included with buccal cavity in the oral cavity staging scheme.

COMMISSURE OF

LIP (C00.6; corner of mouth) is the point of union of upper and lower lips and is considered part of the lip.

POSTERIOR ONE-THIRD OF

TONGUE (C01.9; base of tongue, root of tongue) consists of the less mobile portion of the tongue which extends inferiorly from the line of circumvallate papillae to the base of the epiglottis, the pharyngoepiglottic and glossoepiglottic folds (which bound the vallecula). The posterior one-third of tongue is part of the oropharynx AJCC staging system.

ANTERIOR TWO-THIRDS OF

TONGUE (C02._; mobile or oral tongue) consists of the freely movable portion of the tongue which extends anteriorly from the line of circumvallate papillae to the root of the tongue at the junction of the floor of the mouth. It is composed of four areas: tip, lateral borders, dorsum, and undersurface or ventral surface (non-villous surface). The anterior two-thirds of tongue is part of the oral cavity AJCC staging system.

LINGUAL

TONSIL (C02.4) the lymphoid tissue that is contained in the base of the tongue. In the EOD system, lingual tonsil is coded using the same scheme as base of tongue; in the AJCC system it is included in the oropharynx scheme.

UPPER

GINGIVA (C03.0; upper alveolar ridge) is the covering mucosa of the alveolar process of the maxilla, extending from the line of attachment of mucosa in the upper gingival buccal gutter to the junction of the hard palate. Its posterior margin is the upper end of the pterygopalatine arch. The gingiva is part of the oral cavity AJCC staging system.

LOWER

GINGIVA (C03.1; lower alveolar ridge) includes the alveolar process of the mandible and its covering mucosa, which extends from the line of attachment of mucosa in the buccal gutter to the line of free mucosa of the floor of the mouth. Posteriorly it extends to the ascending ramus of the mandible (see retromolar trigone). The gingiva is part of the AJCC oral cavity staging system.

FLOOR OF MOUTH	(C04._) consists of a semilunar shaped space over the mylohyoid and hypoglossus muscles, extending from the inner surface of the lower alveolar ridge to the undersurface of the tongue. Its posterior boundary is the base of the anterior pillar of the tonsil. It is divided into two sides by the frenulum of the tongue and contains the ostia of the submaxillary and lingual salivary glands. The floor of mouth is part of the AJCC oral cavity staging system.
HARD PALATE	(C05.0) consists of the semilunar area between the upper alveolar ridges and the mucous membrane covering the palatine process of maxillary palatine bones. It extends from the inner surface of the superior alveolar ridge to the posterior edge of the palatine bone. In the TNM system, the hard palate is part of the oral cavity staging scheme.
SOFT PALATE	(C05.1) consists of mucosa covering the oral cavity side of the palatine muscles and extends from the posterior edge of the hard palate to the free border of the soft palate and includes the uvula. Its superior lateral margin is the pterygomandibular raphe. The inferior lateral margin completes the faucial arch (glossopalatine arch) and includes the anterior surface of the of the anterior tonsillar pillar. In the AJCC system, the soft palate is part of the oropharynx staging system.
UVULA	(C05.2) is a soft tissue projection on the free border of the soft palate in the midline of the body. In EOD, the uvula is coded the same as the soft palate. In the AJCC system, the uvula is part of the oropharynx staging system.
OTHER MOUTH	(C05.8-C05.9, C06.8-C06.9) includes overlapping lesions of the palate, overlapping lesions of other and unspecified parts of mouth, and non-specific terms roof of mouth (palate, NOS); mouth, NOS (oral cavity, oral mucosa, buccal cavity); and minor salivary gland, NOS. All of these non-specific sites are included in the oral cavity scheme of the AJCC staging system.
BUCCAL MUCOSA	(C06.0) includes all the mucous membrane lining the inner surface of the cheek. In ICD-O-2 and the EOD system, buccal mucosa includes the inner surface of the cheeks but not the inner mucosal surface of the lips. In the AJCC staging system, the inner mucosa of the lips is included with the buccal mucosa in the oral cavity scheme.
VESTIBULE OF MOUTH	(C06.1; buccal sulcus, alveolar sulcus, labial sulcus) the space between the teeth and the lips or cheeks and the mucosa that covers it. In the EOD system, the vestibule of mouth is included in the coding scheme for cheek (buccal) mucosa; in the AJCC staging system, it is included in the oral cavity scheme.
RETROMOLAR TRIGONE	(C06.2; retromolar triangle, retromolar gingiva, retromolar area) the attached mucosa overlying the ascending ramus of the mandible from the level of the posterior surface of the last molar tooth to the apex superiorly. The retromolar trigone is coded using the same EOD scheme as the gingiva or gums. It is part of the oral cavity staging scheme in the AJCC system.
TONSILS	are the mucosa-covered lymphoid tissues lying between the palatoglossal and palatopharyngeal arches on the sidewalls of the oropharynx (palatine tonsils, C09.9), on the posterior wall of the nasopharynx (pharyngeal tonsils or adenoids (C11.1) and embedded in the base of the tongue (lingual tonsil, C02.4; described above). These three areas appear to form a ring of lymphoid tissue around the pharynx, which is referred to as Waldeyer's ring (C14.2).

ANTERIOR

WALL consists of the pharyngoepiglottic and glossoepiglottic folds which bound the vallecula (C10.0), and the lingual (anterior) surface of the epiglottis (C10.1). The vallecula is the hollow or sulcus formed at the junction of the base of the tongue and the epiglottis.

LATERAL

WALL (C10.2) includes the tonsillar pillars (C09.1), tonsillar fossae (C09.0), and tonsils (C09.9) of the oropharynx.

POSTERIOR

WALL (C10.3) extends from the free borders of the soft palate to the tip of the epiglottis in the oropharynx.

PAROTID GLAND AND OTHER MAJOR SALIVARY GLANDS

The parotid glands (C07.9) and the other major salivary glands, submandibular (C08.0) and sublingual/submental (C08.1) are paired glands lying along the mandible and beneath the floor of the mouth which produce serous or mucous secretions to moisten the mouth and begin the process of digestion.

NASOPHARYNX

The nasopharynx begins anteriorly at the posterior choana and extends along the plane of the airway to the level of the free border of the soft palate. It includes the vault, floor (superior surface of soft palate), posterior wall, lateral walls including the fossae of Rosenmuller and the mucosa covering the torus tubarius forming the eustachian tube orifice. According to the AJCC, the posterior margins of the choanal orifices and of the nasal septum are included in the nasal fossa (which has no TNM scheme), and are excluded from the nasopharynx staging system. However, all subsites listed above (except nasal fossa) are included in the nasopharynx EOD scheme. Specific anatomic descriptions of major nasopharyngeal subsites include:

POSTERIOR SUPERIOR

WALL (C11.0--superior, C11.1--posterior; vault) extends from the superior border of the choana to the level of the free border of the soft palate. The lateral limit is the groove between the lateral wall and the base of the skull.

LATERAL

WALL (C11.2) extends from the base of the skull on each side to the level of the free border of the soft palate. It includes Rosenmuller's fossae (pharyngeal recesses).

HYPOPHARYNX

The hypopharynx is that portion of the pharynx extending from the plane of the superior border of the hyoid bone (or floor of the vallecula) to the plane corresponding to the lower border of the cricoid cartilage and includes the pyriform fossae, the lateral and posterior hypopharyngeal walls and the postcricoid region.

PYRIFORM

SINUS (C12.9; pyriform fossa) extends from the pharyngoepiglottic fold to the upper edge of the esophagus at the lower border of the cricoid cartilage and is bounded laterally by the inner surface of the thyroid cartilage and medially by the hypopharyngeal surface of the aryepiglottic fold, posterior lateral surface of the arytenoid and cricoid cartilages.

POST-CRICOID

AREA (C13.0; postcricoid region, cricopharynx) extends from the posterior surface of the arytenoid cartilages and their connecting folds to the inferior surface of the cricoid cartilage and connects the two pyriform sinuses. The lateral margin is the anterior part of the pyriform sinus.

POSTERIOR PHARYNGEAL

WALL (C13.2) extends from the superior level of the hyoid bone (or floor of the vallecula) to the inferior margin of the cricoid cartilage, and from the apex of one pyriform sinus to the other.

LIP (Vermilion or Labial Mucosa)

C00.0-C00.6, C00.8-C00.9

C00.0 External upper lip (vermilion border)
 C00.1 External lower lip (vermilion border)
 C00.2 External lip, NOS (vermilion border)
 C00.3 Mucosa of upper lip
 C00.4 Mucosa of lower lip
 C00.5 Mucosa of lip, NOS
 C00.6 Commissure of lip
 C00.8 Overlapping lesion of lip
 C00.9 Lip, NOS (excluding skin of lip C44.0)

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0 +
999	Not Stated	

EXTENSION

00	IN SITU: Noninvasive; intraepithelial
> 10	Invasive tumor confined to: Lamina propria Submucosa (superficial invasion) Vermilion surface Labial mucosa (inner lip) Subcutaneous soft tissue of lip Superficial extension to skin of lip
> 20	Musculature
30	Localized, NOS
50	Buccal mucosa (inner cheek) Opposite (both) lip(s); commissure
51	Gingiva
70	Upper lip/commissure: Maxilla Lower lip/commissure: Mandible
75	Tongue
76	Nose for upper lip/commissure Skin of face/neck
> 77	Floor of mouth Cortical bone other than code 70 Inferior alveolar nerve
80	FURTHER contiguous extension
85	Metastasis
99	UNKNOWN if extension or metastasis

Note: AJCC includes labial mucosa
 (C00.3-C00.5) with buccal mucosa
 (C06.0).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Facial: Buccinator for upper lip
Mandibular for lower lip
Parotid: Infra-auricular/pre-auricular for upper lip

Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS

Regional lymph node(s), NOS

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

BASE OF TONGUE, LINGUAL TONSIL

C01.9, C02.4

C01.9 Base of tongue, NOS

C02.4 Lingual tonsil

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor on one side confined to:
 - Lamina propria
 - Submucosa
- 20 Musculature, intrinsic or NOS
- 30 Localized, NOS
- 40 Tumor crosses midline
- 50 Anterior 2/3's of tongue
 - Lower gingiva
 - Floor of mouth
- 53 Sublingual gland
- 60 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
 - Vallecula, incl. pharyngoepiglottic and glossoepiglottic folds
 - Epiglottis, lingual (pharyngeal) surface
 - Soft palate, inferior surface/NOS
- 70 Mandible
- 75 Musculature, extrinsic:
 - Hyoglossus
 - Genioglossus
 - Styloglossus
- 76 Skin
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 Unknown if extension or metastasis

Note: AJCC includes base of tongue (C01.9) with oropharynx (C10._).

BASE OF TONGUE, LINGUAL TONSIL

C01.9, C02.4

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.**Note 2:** Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.1 One positive ipsilateral node
 ≤ 3 cm in greatest diameter2 One positive ipsilateral node
>3 and ≤ 6 cm in greatest diameter3 Multiple positive ipsilateral nodes ≤ 6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤ 6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ANTERIOR 2/3 of TONGUE, TIP, BORDER, AND TONGUE, NOS

C02.0-C02.3, C02.8-C02.9

C02.0 Dorsal surface of tongue, NOS
 C02.1 Border of tongue
 C02.2 Ventral surface of tongue, NOS
 C02.3 Anterior two-thirds of tongue, NOS
 C02.8 Overlapping lesion of tongue
 C02.9 Tongue, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial
 10 Invasive tumor on one side confined to:
 Lamina propria
 Submucosa
 20 Musculature, intrinsic or NOS
 30 Localized, NOS
 40 Tumor crosses midline
 50 Base of tongue
 Gingiva, lower (incl. retromolar trigone)
 Floor of mouth
 53 Sublingual gland
 60 Lateral pharyngeal wall (tonsillar pillars
 and fossae, tonsils)
 Soft palate, inferior surface
 70 Mandible
 Maxilla
 75 Musculature, extrinsic:
 Hyoglossus
 Genioglossus
 Styloglossus
 80 FURTHER contiguous extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

ANTERIOR 2/3 of TONGUE, TIP, BORDER, AND TONGUE, NOS
C02.0-C02.3, C02.8-C02.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Sublingual

Internal jugular (upper and

lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

GUM (Gingiva), RETROMOLAR AREA

C03.0-C03.1, C03.9, C06.2

C03.0 Upper gum
 C03.1 Lower gum
 C03.9 Gum, NOS
 C06.2 Retromolar gingiva (trigone)

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive;
 intraepithelial

10 Invasive tumor confined to
 mucoperiosteum (stroma)

30 Localized, NOS

50 Buccal mucosa (inner cheek)
 Labial mucosa (inner lip), lip

Upper gum only
 Hard palate
 Soft palate

Lower gum/retromolar trigone only
 Floor of mouth
 Tongue (mucosa)

55 Subcutaneous soft tissue of face
 Facial muscle, NOS

60 Lateral pharyngeal wall
 (tonsillar pillars and
 fossae, tonsils)

> 65 Lower gum: Soft palate including uvula

70 **Upper gum only**
 Maxilla
Lower gum/retromolar trigone only
 Mandible

| 72 Deep muscle of tongue

73 Skull

74 **Upper gum only**
 Nasal cavity
 Maxillary antrum (sinus)

76 Skin

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

GUM (Gingiva), RETROMOLAR AREA
C03.0-C03.1, C03.9, C06.2

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Facial: Mandibular
Submandibular (submaxillary)
Submental
Retropharyngeal for upper gum
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

FLOOR OF MOUTH

C04.0-C04.1, C04.8-C04.9

C04.0 Anterior floor of mouth
 C04.1 Lateral floor of mouth
 C04.8 Overlapping lesion of floor of mouth
 C04.9 Floor of mouth, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor on one side confined to:
 Lamina propria
 Submucosa

20 Musculature, extrinsic:
 Mylohyoid and hyoglossus

30 Localized, NOS

40 Tumor crosses midline

50 Gingiva (alveolar ridge), lower
 Anterior 2/3 of tongue
 Base of tongue

53 Sublingual gland, incl. ducts
 Submandibular (submaxillary)
 glands, incl. ducts

55 Subcutaneous soft tissue

60 Epiglottis, pharyngeal (lingual) surface
 Lateral pharyngeal wall (tonsillar pillars
 and fossae, tonsils)
 Vallecula, incl. pharyngo-epiglottic
 and glosso-epiglottic folds

70 Mandible

76 Skin of undersurface of chin/neck

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Sublingual

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

HARD PALATE

C05.0

C05.0 Hard Palate

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00	IN SITU: Noninvasive; intraepithelial
10	Invasive tumor on one side confined to mucoperiosteum (stroma)
30	Localized, NOS
40	Tumor crosses midline
> 50	Soft palate including uvula Gingiva, upper Buccal mucosa (inner cheek)
70	Palatine bone Maxillary bone
74	Nasal cavity Maxillary antrum (sinus) Sphenoid bone Pterygoid plate
>	Floor of nose
80	FURTHER contiguous extension
85	Metastasis
99	UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Retropharyngeal

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

SOFT PALATE, UVULA

C05.1-C05.2

C05.1 Soft palate, NOS

C05.2 Uvula

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: AJCC includes inferior surface of the soft palate (C05.1) and uvula (C05.2) with oropharynx (C09._, C10._).

Note 2: Soft palate excludes nasopharyngeal (superior) surface of soft palate (C11.3).

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor on one side confined to:
Lamina propria
Submucosa

20 Musculature invaded

30 Localized, NOS

40 Tumor crosses midline

> 50 Gum (gingiva), upper
Buccal mucosa (inner cheek)60 Lateral pharyngeal wall (tonsillar pillars
and fossae, tonsils)

> 65 Hard palate

70 Palatine bone (bone of hard palate)
Maxilla
Mandible

| 71 Pterygoid muscle

74 Nasopharynx
Nasal cavity
Maxillary antrum (sinus)

75 Tongue

| 76 Larynx

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Retropharyngeal

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

OTHER MOUTH

C05.8-C05.9, C06.8-C06.9

C05.8 Overlapping lesion of palate
 C05.9 Palate, NOS
 C06.8 Overlapping lesion of other and unspecified parts of mouth
 C06.9 Mouth, NOS
 C06.9 Minor salivary gland, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to:
 Lamina propria
 Submucosa

20 Musculature

30 Localized, NOS

50 Adjacent oral cavity

60 Extension to oropharynx:
 Lateral pharyngeal wall
 Vallecula
 Lingual surface of epiglottis
 Inferior surface of soft palate

70 Extension to adjacent structures:
 Maxilla, mandible, skull
 Maxillary antrum; nasal cavity
 Tongue
 Skin of face/neck

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above
Supraclavicular (Transverse cervical)

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

CHEEK (Buccal) MUCOSA, VESTIBULE

C06.0-C06.1

C06.0 Cheek mucosa
 C06.1 Vestibule of mouth

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to:
 Lamina propria
 Submucosa

20 Musculature (buccinator)

30 Localized, NOS

50 Lip(s), incl. commissure

51 Gingiva

55 Subcutaneous soft tissue of cheek

60 Lateral pharyngeal wall (tonsillar pillars
 and fossae, tonsils)

70 Bone (cortical): Maxilla, mandible

73 Skull

75 Tongue

76 Skin of cheek (WITH or WITHOUT
 ulceration)

77 Maxillary sinus

80 FURTHER contiguous extension
 Hard Palate; Soft palate

85 Metastasis

99 UNKNOWN if extension or metastasis

Note: ICD-O, C06.0 for buccal mucosa includes the
 membrane lining of the cheeks but not of the
 lips. (AJCC includes labial mucosa with
 buccal mucosa.)

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Facial: Buccinator, mandibular
Submandibular (submaxillary)
Parotid: Preauricular, infraauricular
Submental

Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid

Cervical, NOS
Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

- 7 Other than above
Supraclavicular (transverse cervical)

-
- 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated

PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS

C07.9, C08.0-C08.1, C08.8-C08.9

C07.9	Parotid gland	<>
C08.0	Submandibular gland	<>
C08.1	Sublingual (submental) gland	<>
C08.8	Overlapping lesion of major salivary glands	
C08.9	Major salivary gland, NOS	

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000	No mass; no tumor found
001	Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00	IN SITU; noninvasive
10	Invasive tumor confined to gland of origin
30	Localized, NOS

40	Periglandular soft/connective tissue Other major salivary gland (parotid, submaxillary, sublingual) Periosteum of mandible Skeletal muscle: Digastric, pterygoid, stylohyoid
----	---

Parotid gland only:

Skin overlying gland
External auditory meatus
Pharyngeal mucosa
Skeletal muscle: Sternocleidomastoid, masseter

Submandibular gland only:

Skeletal muscle: Mylohyoid, hyoglossus, styloglossus

50	Parotid gland only: Mastoid Mandible Auricular nerve Major blood vessel(s): Carotid artery, jugular vein
----	---

Submandibular gland only:

Mandible
Nerves: Facial, lingual
Major blood vessels: Facial artery or vein, maxillary artery

>	51	Sublingual, overlapping and major salivary gland, NOS:
>		Nerves: Facial (7th), lingual; Mandible;
>		Major blood vessels: Facial artery or vein, maxillary artery

>	70	Parotid gland only: Facial (7th) nerve
---	----	---

71	Base of skull Skull, NOS
----	-----------------------------

72	Spinal accessory nerve
----	------------------------

80	FURTHER contiguous extension
----	------------------------------

85	Metastasis
----	------------

99	UNKNOWN if extension or metastasis
----	------------------------------------

PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS

C07.9, C08.0-C08.1, C08.8-C08.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Parotid gland only:

Intraparotid, infra-auricular, preauricular

Submandibular gland only:

Submandibular (submaxillary)

Submental

Internal jugular (upper deep cervical):
jugulodigastric

Parotid and Submandibular glands:

Cervical, NOS

Regional lymph node(s), NOS

Parotid gland only

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

TONSIL, OROPHARYNXC09.0-C09.1, C09.8-C09.9, C10.0-C10.4,
C10.8-C10.9

C09.0	Tonsillar fossa	<>
C09.1	Tonsillar pillar	<>
C09.8	Overlapping lesion of tonsil	
C09.9	Tonsil, NOS	<>
C10.0	Vallecula	
C10.1	Anterior surface of epiglottis	
C10.2	Lateral wall of oropharynx	
C10.3	Posterior wall of oropharynx	
C10.4	Branchial cleft	
C10.8	Overlapping lesion of oropharynx	
C10.9	Oropharynx, NOS	

<> Laterality must be coded for this site

SIZE OF PRIMARY TUMOR(from pathology report; operative
report; physical examination--in
priority order)Code000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note: See the introductory material for this section
(page 13-15) for detailed descriptions of the
anatomic limits of the structures in the
oropharynx.**EXTENSION**

00	IN SITU: Noninvasive; intraepithelial
10	Invasive tumor confined to one of the following subsites: Anterior wall (incl. vallecula and lingual (anterior) surface of epiglottis) One lateral wall Posterior wall
20	Involvement of two or more subsites: Posterior, anterior or lateral wall(s)
30	Localized, NOS
40	Soft palate, inferior surface, incl. uvula, or soft palate, NOS
41	Pyriform sinus (incl. hypopharynx, NOS)
42	Soft palate, superior (nasopharyngeal) surface Nasopharynx, NOS
50	Base of tongue Floor of mouth Gum (gingiva) Buccal mucosa (inner cheek)
55	Any of above WITH fixation
60	Prevertebral fascia or muscle Soft tissue of neck
> 65	Posterior surface of epiglottis, or larynx, NOS, pterygoid muscle
70	Bone Extrinsic muscles of tongue: Mylohyoid, hyoglossus, styloglossus Hard Palate Mandible
80	FURTHER contiguous extension
85	Metastasis
99	UNKNOWN if extension or metastasis

TONSIL, OROPHARYNX
C09.0-C09.1, C09.8-C09.9, C10.0-C10.4,
C10.8-C10.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep
cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

- 1 One positive ipsilateral node
 ≤3 cm in greatest diameter
- 2 One positive ipsilateral node
 >3 and ≤6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
 positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

Note 3: AJCC includes base of tongue (C01.9) with oropharynx (C09.-, C10.-).

Note 4: AJCC includes lingual (anterior) surface of epiglottis (C10.1) with larynx (C32._).

NASOPHARYNX

C11.0-C11.3, C11.8-C11.9

- C11.0 Superior wall of nasopharynx
- C11.1 Posterior wall of nasopharynx
- C11.2 Lateral wall of nasopharynx
- C11.3 Anterior wall of nasopharynx
- C11.8 Overlapping lesion of nasopharynx
- C11.9 Nasopharynx, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

- 000 No mass; no tumor found
- 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note: See the introductory material for this section (12-15) for detailed descriptions of the anatomic limits of the structures in the nasopharynx.

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to one of the following subsites:
 - Posterior superior wall (vault)
 - One lateral wall
 - Inferior wall (superior surface of soft palate)
- 20 Involvement of two or more subsites:
 - Posterior, inferior, or lateral wall(s)
 - Lateral wall extending into eustachian tube/middle ear
- 30 Localized, NOS
- 40 Soft palate, inferior surface
Oropharynx
- 50 Nasal cavity
- 52 Pterygopalatine fossa
- 55 Any of the above WITH fixation or tumor described **only** as FIXED
- > 57 Hard palate
- 60 Bone, including skull
Paranasal sinus
- 70 Brain, incl. cranial nerves
Infratemporal fossa
Hypopharynx
Orbit
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep
cervical):

jugulodigastric
jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

PYRIFORM SINUS, HYPOPHARYNX, LARYNGOPHARYNX

C12.9, C13.0-C13.2, C13.8-C13.9

C12.9 Pyriform sinus
 C13.0 Postcricoid region
 C13.1 Hypopharyngeal aspect of aryepiglottic fold
 C13.2 Posterior wall of hypopharynx
 C13.8 Overlapping lesion of hypopharynx
 C13.9 Hypopharynx, NOS, laryngopharynx

EXTENSION

00 IN SITU: Noninvasive;
 intraepithelial
 10 Invasive tumor confined to one of
 the following subsites:
 Postcricoid area
 Pyriform sinus
 Posterior pharyngeal wall
 20 Tumor involves adjacent subsite(s)
 (listed above) WITHOUT fixation
 30 Localized, NOS
 40 Oropharynx
 50 Larynx
 51 Any of 10-40 WITH fixation of
 tumor or fixation, NOS
 55 Fixation of hemilarynx or larynx
 60 Prevertebral fascia/muscle(s)
 Carotid artery
 Soft tissues of neck
 Cricoid cartilage
 Thyroid cartilage
 61 Esophagus
 62 Thyroid gland
 80 FURTHER contiguous extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; endoscopic examination;
 physical examination--in priority
 order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +
999	Not stated	

Note: See the introductory material for this section
 (page 13-15) for detailed descriptions of the
 anatomic limits of the structures in the
 hypopharynx.

PYRIFORM SINUS, HYPOPHARYNX, LARYNGOPHARYNX
C12.9, C13.0-C13.2, C13.8-C13.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep
cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS
Prelaryngeal; Parapharyngeal; Paratracheal

1 One positive ipsilateral node
 ≤3 cm in greatest diameter

2 One positive ipsilateral node
 >3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
 positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

PHARYNX NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES

C14.0, C14.2, C14.8

C14.0 Pharynx, NOS
 C14.2 Waldeyer's ring
 C14.8 Overlapping lesion of lip, oral cavity and pharynx

EXTENSION

00 IN SITU: Noninvasive; intraepithelial
 10 Invasive tumor confined to site of origin
 30 Localized, NOS
 40 More than one region of pharynx involved (oropharynx, nasopharynx, hypopharynx)
 50 Pharynx and oral cavity involved
 55 Any of the above WITH fixation
 60 Extension to adjacent structures
See definition of adjacent structures on page ix.
 80 FURTHER contiguous extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

PHARYNX, NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
C14.0, C14.2, C14.8

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep
cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS
Prelaryngeal; Parpharyngeal; Paratracheal

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

- | | | |
|---|---|---|
| > | > | 1 One positive ipsilateral node
≤3 cm in greatest diameter |
| | > | 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter |
| | | 3 Multiple positive ipsilateral nodes ≤6 cm |
| | | 4 Ipsilateral, node size not stated |
| | | 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated |
| | | 6 Any positive node(s), at least one >6 cm |

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

DIGESTIVE SYSTEM SITES

DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR THE DIGESTIVE SYSTEM

Careful attention must be given to the use of the term “confined to mucosa” for the esophagus, stomach, small intestine, colon and rectum.

Historically, carcinomas described as “confined to mucosa” have been coded as localized. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

- 1) if the tumor is confined to the epithelium, in which case it is in situ, **OR**
- 2) if the tumor has penetrated the basement membrane to invade the lamina propria, in which case it is localized and is coded to invasion of the lamina propria.

The mucosa of the digestive tract consists of:

The EPITHELIAL LAYER borders on the lumen. It contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

The MUSCULARIS MUCOSAE is a thin layer of smooth muscle fibers. It is found in the wall of the digestive tract from the esophagus to the anal canal.

The SUBMUCOSA is a thick layer of either dense or areolar connective tissue. It contains blood vessels, lymphatic vessels, nerves, and, in some regions, glands.

The MUSCULARIS PROPRIA is a double layer of muscle tissue in most of the digestive tract; it constitutes the wall of the organ.

The SEROSA, the outermost layer covering most of the digestive tract, is a single layer of squamous epithelial cells, part of the visceral peritoneum. Just below the serosa (mesothelium) and sometimes considered part of the serosa, is a layer of connective tissue called the subserosa. The serosa and subserosa are present only in the peritonealized portions of the digestive tract. For the esophagus and in the rectum below the peritoneal reflection, there is no serosa. For the esophagus, the connective tissue of surrounding structures merges with the connective tissue of the esophagus and is called ADVENTITIA.

**DIGESTIVE SYSTEM SITES
TABLE OF ANATOMIC STRUCTURES**

PRIMARY SITE	MUCOSA				SUB-MUCOSA	MUSCULARIS	SUB-SEROSAL TISSUES ¹	SEROSA ²	OUTSIDE THE SEROSA ³
	Epi-thelium	:	Lamina	Muscu-laris					
Esophagus (C15.)	Yes	B A S	Yes	Yes	Yes	Yes	See note 4.	No	See note 4.
Stomach (C16.)	Yes	E M E	Yes	Yes	Yes	Yes	No	Yes	Greater and lesser omentum
Sm. Intestine (C17.)	Yes	N T :	Yes	Yes	Yes	Yes	No	Yes	Mesentery of small intestine
Colon (C18._)	Yes	M	Yes	Yes	Yes	Yes		Yes	:
.0 Cecum	Yes		Yes	Yes	Yes	Yes	Yes	Yes	:
.1 Appendix	Yes	E	Yes	Yes	Yes	Yes	Yes	Yes	:
.2 Ascending	Yes		Yes	Yes	Yes	Yes	No	Front only	:
.3 Hepatic flex.	Yes	M	Yes	Yes	Yes	Yes	Yes	Yes	:
.4 Transverse	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Mesenteric or pericolic fat
.5 Splenic flex.	Yes	B	Yes	Yes	Yes	Yes	Yes	Yes	:
.6 Descending	Yes		Yes	Yes	Yes	Yes	No	Front only	:
.7 Sigmoid	Yes	R	Yes	Yes	Yes	Yes	Yes	Yes	:
.8 Overlapping	Yes	A	Yes	Yes	Yes	Yes		Yes	:
.9 Colon, NOS	Yes		Yes	Yes	Yes	Yes			:
Rectosigmoid (C19.9)	Yes	N E	Yes	Yes	Yes	Yes	Yes	Yes	Mesenteric or pericolic/perirectal fat
Rectum (C20.9)	Yes	:	Yes	Yes	Yes	Yes	No	No	See note 5.

1 Subserosal tissues include fat and flesh between the muscularis and the serosa.

2 Serosa is also called mesothelium and visceral peritoneum

3 Mesenteric fat is also called pericolic fat.

4 The tissue outside the muscularis of the esophagus is composed of fibrous connective tissue and referred to as adventitia.

5 Referred to as perirectal tissue.

ESOPHAGUS

C15.0-C15.5, C15.8-C15.9

C15.0	Cervical esophagus
C15.1	Thoracic esophagus
C15.2	Abdominal esophagus
C15.3	Upper third of esophagus
C15.4	Middle third of esophagus
C15.5	Lower third of esophagus
C15.8	Overlapping lesion of esophagus
C15.9	Esophagus, NOS

SIZE OF PRIMARY TUMOR/LENGTH OF INVOLVED ESOPHAGUS

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000	No mass; no tumor found
001	Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +

998	Entire circumference
999	Not stated

Anatomic Limits of Esophagus

CERVICAL ESOPHAGUS (C15.0): From the lower border of the cricoid cartilage to the thoracic inlet (suprasternal notch), about 18 cm from the incisors.

INTRATHORACIC ESOPHAGUS (C15.1-.5):
Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm)

Mid-thoracic portion (C15.4):
 From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).

continued in left column, next page

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

Invasive tumor confined to:

- 10 Mucosa, NOS (incl. intramucosal, NOS)
- 11 Lamina propria
- 12 Muscularis mucosae
- 16 Submucosa

20 Muscularis propria invaded

30 Localized, NOS

40 Adventitia and/or soft tissue invaded;
 esophagus is described as "FIXED"

60 Cervical esophagus:

Major blood vessel(s): Carotid and subclavian
 arteries, jugular vein
 Thyroid gland

Intrathoracic, upper or mid-portion, esophagus:

Major blood vessel(s): Aorta, pulmonary artery/vein, vena cava, azygos vein
 Trachea, incl. carina
 Main stem bronchus

Intrathoracic, lower portion (abdominal), esophagus:

Major blood vessel(s): Aorta, gastric artery/vein, vena cava
 Diaphragm
 Stomach, cardia (via serosa)

65 Cervical esophagus:

Hypopharynx
 Larynx
 Trachea, incl. carina
 Cervical vertebra(e)

Intrathoracic esophagus:

Lung via bronchus
 Pleura
 Mediastinal structure(s), NOS
 Rib(s); thoracic vertebra(e)

80 FURTHER contiguous extension
 Adjacent structures

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

Continued from left column, previous page

Lower thoracic portion (C15.5):

From midway between the tracheal bifurcation and the gastroesophageal junction to the GE junction, including the abdominal esophagus (C15.2) between 32-40 cm. >

Note: Ignore intraluminal extension to adjacent segment(s) of esophagus and code depth of invasion or extra-esophageal spread as indicated.

0 No lymph node involvement

1 REGIONAL Lymph Nodes (incl. contralateral or bilateral)

Cervical only:

Peri-/paraesophageal
Internal jugular (upper deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS

Intrathoracic, upper or middle, only:

Peri-/Paraesophageal
Internal jugular (upper and lower deep cervical):
jugulodigastric
jugulo-omohyoid

Intratracheobronchial: peritracheal, carinal (bifurcation), hilar (pulmonary roots)

Left gastric: Cardiac, lesser curvature, perigastric, NOS

Posterior mediastinal
Superior mediastinal

Intrathoracic, lower (abdominal), only:

Peri-/Paraesophageal
Left gastric: Cardiac, lesser curvature, perigastric, NOS
Posterior mediastinal

2 Supraclavicular or scalene (cervical esophagus only)

3 Regional lymph node(s), NOS

DISTANT Lymph Nodes

6 Supraclavicular or scalene (intrathoracic and lower abdominal only)

7 Other than above

8 Lymph nodes, NOS

9 UNKNOWN; not stated

STOMACH

C16.0-C16.6, C16.8-C16.9

C16.0	Cardia, NOS
C16.1	Fundus of stomach
C16.2	Body of stomach
C16.3	Gastric antrum
C16.4	Pylorus
C16.5	Lesser curvature of stomach, NOS*
C16.6	Greater curvature of stomach, NOS*
C16.8	Overlapping lesion of stomach
C16.9	Stomach, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
998	Diffuse; widespread; 3/4's or more: Linitis plastica	
999	Not stated	

Note 1: Ignore intraluminal extension to esophagus and duodenum; code depth of invasion through stomach wall.

Note 2: If diagnosis states "linitis plastica" and no other information regarding extension is available, use code 30.

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

05 (Adeno)carcinoma in a polyp, noninvasive

Invasive tumor confined to:

- 10 Mucosa, NOS (incl. intramucosal, NOS)
- 11 Lamina propria
- 12 Muscularis mucosae
- 13 Head of polyp
- 14 Stalk of polyp
- 15 Polyp, NOS
- 16 Submucosa (superficial invasion)

20 Muscularis propria invaded

30 Localized, NOS

40 Invasion through muscularis propria or muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded

45 Extension to adjacent (connective) tissue:
Perigastric fat
Omentum, lesser, greater, NOS
Ligaments: Gastrocolic,
gastrohepatic, gastrosplenic
Gastric artery

50 Invasion of/through serosa
(mesothelium) (visceral peritoneum)

55 (45) + (50)

60 Spleen
Transverse colon (incl. flexures)
Liver
Diaphragm
Pancreas
Esophagus via serosa
Duodenum via serosa or NOS
Jejunum, ileum, small intestine, NOS

70 Abdominal wall
Retroperitoneum
Kidney
Adrenal gland

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

| 1 Perigastric, NOS
Nodule(s) in perigastric fat

Note: Effective 1/1/98, all former codes 1 and 2 are now coded to 1. Do not recode prior cases.

Inferior (R) gastric:
Greater curvature
Greater omental
Gastroduodenal
Gastrocolic
Gastroepiploic, right or NOS
Gastrohepatic
Pyloric, incl. sub-/infrapyloric
Pancreaticoduodenal

Splenic:
Gastroepiploic, left
Pancreaticolienal
Peripancreatic
Splenic hilar

Superior (L) gastric:
Lesser curvature
Lesser omentum
Gastropancreatic, left
Gastric, left
Paracardial; cardial
Cardioesophageal

4 Celiac
Hepatic (excl. gastrohepatic)

5 Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph nodes, NOS

9 UNKNOWN; not stated

SMALL INTESTINE
C17.0-C17.3, C17.8-C17.9

C17.0 Duodenum
C17.1 Jejunum
C17.2 Ileum (excluding ileocecal valve, C18.0)
C17.3 Meckel's diverticulum (as site of neoplasm)
C17.8 Overlapping lesion of small intestine
C17.9 Small intestine, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note: Ignore intraluminal extension to adjacent segment(s) of small intestine and code depth of invasion or spread outside the small intestine as indicated.

EXTENSION

00 IN SITU: Noninvasive; intraepithelial
05 (Adeno)carcinoma in a polyp, noninvasive

Invasive tumor confined to

10 Mucosa, NOS (incl. intramucosal, NOS)
11 Lamina propria
12 Muscularis mucosae
13 Head of polyp
14 Stalk of polyp
15 Polyp, NOS
16 Submucosa (superficial invasion)

20 Muscularis propria invaded

30 Localized, NOS

40 Invasion through muscularis propria or muscularis, NOS
Extension through wall, NOS
Transmural, NOS
(Sub)serosal tissue/fat invaded

42 Fat, NOS

45 Adjacent connective tissue
Nonperitonealized perimuscular tissue invaded
≤ 2 cm in depth or NOS
Mesentery, incl. mesenteric fat invaded
≤ 2 cm in depth or NOS
Retroperitoneum invaded ≤ 2 cm in depth or NOS

50 Invasion of/through serosa (mesothelium) (visceral peritoneum)

55 (50) with (42) OR (45)

EXTENSION (cont.)

- 60 **Duodenum:**
Extrahepatic bile ducts, incl. Ampulla of Vater
Pancreas
Pancreatic duct
Diaphragm; Gallbladder
- 65 **Duodenum:**
Transverse colon, hepatic flexure
Greater omentum; omentum, NOS
Right or quadrate lobe of liver; Liver, NOS
Right kidney or ureter; Kidney, NOS
Major blood vessel(s): Aorta, superior mesenteric artery or vein, vena cava, portal vein, renal vein, gastroduodenal artery
- Jejunum and Ileum:**
Large intestine, incl. appendix
- 66 **Duodenum:**
Stomach
- 67 **All small intestine sites:**
Abdominal wall
Retroperitoneum invaded > 2 cm in depth
Mesentery invaded > 2 cm in depth
- 68 **All small intestine sites:**
Small intestine via serosa
- 70 **Jejunum and Ileum:**
Bladder
Uterus
Ovary
Fallopian tube
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
- Duodenum:**
Hepatic
Pancreaticoduodenal
Infrapyloric
Pyloric
Gastroduodenal
Duodenal
- Jejunum and Ileum:**
Posterior cecal (**terminal ileum**)
Ileocolic (**terminal ileum**)
Superior mesenteric;
Mesenteric, NOS
- 2 Superior mesenteric
Pericholedochal
- 3 Regional lymph node(s), NOS

- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

COLON (incl. Flexures and Appendix)

C18.0-C18.9

C18.0	Cecum
C18.1	Appendix
C18.2	Ascending (right) colon
C18.3	Hepatic flexure of colon
C18.4	Transverse colon
C18.5	Splenic flexure of colon
C18.6	Descending (left) colon
C18.7	Sigmoid colon
C18.8	Overlapping lesion of colon
C18.9	Colon, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000	No mass; no tumor found
001	Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
998	Familial/multiple polyposis (M-8220/8221)	
999	Not stated	

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum or to the ileum from the cecum; code depth of invasion or extracolonic spread as indicated.

Note 2: Codes 60-80 are contiguous extension from the site of origin.

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

05 (Adeno)carcinoma in a polyp or adenoma, noninvasive

Invasive tumor confined to:

10	Mucosa, NOS (incl. intramucosal, NOS)
11	Lamina propria
12	Muscularis mucosae
13	Head of polyp
14	Stalk of polyp
15	Polyp, NOS
16	Submucosa (superficial invasion)

20 Muscularis propria invaded

30 Localized, NOS/confined to colon, NOS

40 Invasion through muscularis propria or muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded
Transmural, NOS

42 Fat, NOS

45 Extension to adjacent (connective) tissue:
Mesentery (incl. mesenteric fat, mesocolon)--**all colon sites**
Retroperitoneal fat--**ascending and descending colon**
Greater omentum; gastrocolic ligament--**transverse colon/flexures**
Pericolic fat--**all colon sites**

50 Invasion of/through serosa (mesothelium) (visceral peritoneum)

55 (50) with (42) or (45)

60 Greater omentum--**cecum, appendix, ascending, descending and sigmoid colon**
Spleen--**descending colon**
Pelvic wall--**descending colon/sigmoid**
Liver, right lobe--**ascending colon**

EXTENSION (cont.)

Transverse colon and flexures:

Stomach
Spleen; liver
Pancreas
Gallbladder/bile ducts
Kidney

All colon sites:

Small intestine

65 All colon sites:

Abdominal wall
Retroperitoneum (excl. fat)

66 Ureter/kidney

Right--**ascending colon**
Left--**descending colon**

70 Cecum, appendix, ascending,

descending, and sigmoid colon:
Uterus
Ovary; fallopian tube

75 All colon sites unless

otherwise stated above:
Urinary bladder
Gallbladder
Adrenal gland
Diaphragm
Other segment(s) of colon
via serosa
Fistula to skin

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 All colon subsites:

Epicolic (adjacent to bowel wall)
Paracolic/pericolic
Colic, NOS
Nodule(s) in pericolic fat

2 Cecum and Appendix:

Cecal: anterior, posterior, NOS
Ileocolic
Right colic

Ascending colon:

Ileocolic
Right colic
Middle colic

Transverse colon and flexures:

Middle colic
Right colic for **hepatic flexure only**
Left colic for **splenic flexure only**
Inferior mesenteric for **splenic flexure only**

Descending colon:

Left colic
Sigmoid
Inferior mesenteric

Sigmoid:

Sigmoidal (sigmoid mesenteric)
Superior hemorrhoidal
Superior rectal
Inferior mesenteric

3 Mesenteric, NOS

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above, incl.
superior mesenteric

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

RECTOSIGMOID, RECTUM

C19.9, C20.9

C19.9 Rectosigmoid
C20.9 Rectum, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
998	Familial/multiple polyposis (M-8220/8221)	
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

05 (Adeno)carcinoma in a polyp, noninvasive

Invasive tumor confined to:

10 Mucosa, NOS (incl. intramucosal, NOS)
11 Lamina propria
12 Muscularis mucosae
13 Head of polyp
14 Stalk of polyp
15 Polyp, NOS
16 Submucosa (superficial invasion)

20 Muscularis propria invaded

30 Localized, NOS

40 Invasion through muscularis propria or
muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded
Transmural, NOS

42 Fat, NOS

45 Extension to adjacent (connective) tissue:
Mesentery (incl. mesenteric
fat, mesocolon)--**rectosigmoid**
Pericolic fat--**rectosigmoid**
Rectovaginal septum--**rectum**
Perirectal fat--**all sites**
Extension to anus from rectum

50 Invasion of/through serosa (mesothelium)
(visceral peritoneum)

55 (50) with (42) or (45)

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.

Note 2: Codes 60-80 are contiguous extension from the site of origin.

EXTENSION (cont.)

- 60 **Rectosigmoid:**
 Small intestine
 Cul de sac (rectouterine pouch)
 Pelvic wall
- Rectum:**
 Rectovesical fascia, male
 Bladder, male
 Prostate
 Ductus deferens
 Seminal vesicle(s)
 Vagina
 Cul de sac (rectouterine pouch)
 Pelvic wall
 Skeletal muscle of pelvic floor
- 70 **Rectosigmoid:**
 Prostate
 Uterus
 Ovary; fallopian tube
 Bladder
 Ureter
 Colon via serosa
- Rectum:**
 Uterus
 Bladder, female
 Urethra
 Bones of pelvis
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

 REGIONAL Lymph Nodes
- 1 **Rectosigmoid:**
 Paracolic/pericolic
 Perirectal
 Nodule(s) in pericolic fat
- Rectum:**
 Perirectal
 Nodule(s) in perirectal fat
- 2 **Rectosigmoid:**
 Hemorrhoidal, superior or middle
 Left colic (incl. colic, NOS)
 Superior rectal
 Sigmoidal (sigmoid mesenteric)
 Inferior mesenteric
- Rectum:**
 Sigmoidal
 Sigmoid mesenteric
 Inferior mesenteric
 Hemorrhoidal, superior, middle or inferior
 Sacral (lateral, presacral, sacral promontory
 {Gerota's}, or NOS)
 Internal iliac (hypogastric)
- 3 Mesenteric, NOS
 Regional lymph node(s), NOS

 DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

ANAL CANAL; ANUS, NOS; OTHER PARTS OF RECTUM

C21.0-C21.2, C21.8

C21.0 Anus, NOS
 C21.1 Anal canal
 C21.2 Cloacogenic zone
 C21.8 Overlapping lesion of rectum, anus and anal canal

Note: Skin of anus is coded separately (C44.5).

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

Invasive tumor confined to:

10 Mucosa, NOS (incl. intramucosal, NOS)
 11 Lamina propria
 12 Muscularis mucosae
 16 Submucosa (superficial invasion)

20 Muscularis propria (internal sphincter)

30 Localized, NOS

40 Rectal mucosa or submucosa
 Subcutaneous perianal tissue
 Perianal skin
 Skeletal muscles: Anal sphincter (external), levator ani
 Ischiorectal fat/tissue

60 Perineum
 Vulva

> 70 Bladder
 Pelvic peritoneum
 Urethra
 Vagina

75 Prostate
 Cervix Uteri
 Corpus Uteri
 Broad ligament(s)

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

ANAL CANAL; ANUS, NOS; OTHER PARTS OF RECTUM
C21.0-C21.2, C21.8

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Anorectal; perirectal

2 Internal iliac (hypogastric) and lateral sacral,
unilateral

3 Superficial inguinal (femoral), unilateral

4 (3) + (1) or (2)

5 Bilateral internal iliac (hypogastric), lateral
sacral, and/or superficial inguinal (femoral)

6 Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

LIVER AND INTRAHEPATIC BILE DUCTS

C22.0-C22.1

C22.0 Liver
C22.1 Intrahepatic bile ducts

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Single lesion (one lobe)
WITHOUT intrahepatic vascular invasion, incl. NOS

20 Single lesion (one lobe)
WITH intrahepatic vascular invasion

> 30 Multiple (satellite) tumors/nodules (one lobe)
WITHOUT intrahepatic vascular invasion, incl. NOS

> 40 Multiple (satellite) tumors/nodules (one lobe)
WITH intrahepatic vascular invasion

50 Confined to liver, NOS
Localized, NOS

60 More than one lobe involved by contiguous growth (single lesion)
Extension to extrahepatic blood vessel(s):
hepatic artery, vena cava, portal vein

> 61 Visceral peritoneum

> 62 Gallbladder

> 65 Multiple (satellite) tumors/nodules in more than one lobe of liver or on surface of parenchyma
Satellite nodules, NOS

70 Extrahepatic bile duct(s)
Diaphragm

> 75 Parietal peritoneum
Ligament(s): Falciform,
coronary, hepatogastric,
hepatoduodenal, triangular
Lesser omentum

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LIVER AND INTRAHEPATIC BILE DUCTS

C22.0-C22.1

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Hepatic: Hepatic pedicle, inferior vena cava,
hepatic artery, porta hepatis (hilar)
| Periportal
Regional lymph node(s), NOS

DISTANT Lymph Nodes

6 Cardiac
Diaphragmatic: Pericardial
Posterior mediastinal, incl.
juxtaphrenic nodes
Aortic (para-, peri-, lateral)
Retroperitoneal, NOS
peripancreatic (near head of pancreas only)

> 7 Other than above
Coronary artery; Renal artery

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

GALLBLADDER, OTHER BILIARY, AND BILIARY, NOS

C23.9, C24.8-C24.9

C23.9 Gallbladder
 C24.8 Overlapping lesion of biliary tract
 C24.9 Biliary tract, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; radiographic report--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to:
 Mucosa, NOS
 Lamina propria
 Submucosa (superficial invasion)

20 Muscularis propria

30 Localized, NOS

40 Perimuscular connective tissue

50 Invasion of/through serosa

55 (40) + (50)

60 Extension into liver, NOS

61 Extension into liver ≤2 cm

62 Extension to one of the following:
 Extrahepatic bile duct(s), incl.
 Ampulla of Vater
 Pancreas
 Omentum
 Duodenum; small intestine, NOS

65 Extension to one of the following:
 Large intestine
 Stomach

70 Extension into liver >2 cm
 Extension to two or more adjacent organs
 listed above in code 62 and/or code 65,
 OR liver involvement with any organ above
 in code 62 and/or code 65

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

GALLBLADDER, OTHER BILIARY, AND BILIARY NOS
C23.9, C24.8-C24.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Cystic duct (node of the neck
of the gallbladder)
Pericholedochal (node around
common bile duct)
Hilar (in hilus of liver--in
hepatoduodenal ligament)
Node of the foramen of Winslow

2 Periportal,
Periduodenal
Peripancreatic (near head
of pancreas only)

3 Regional lymph node(s), NOS

| -----

| DISTANT Lymph Nodes

5 Celiac

6 Mesenteric, superior

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

EXTRAHEPATIC BILE DUCT(S)

C24.0

C24.0 Extrahepatic bile duct (s)
(common, cystic, hepatic; sphincter of Oddi)

SIZE OF PRIMARY TUMOR

(from pathology report; operative
report; radiographic report--in
priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor of bile duct(s)
(cystic, hepatic, and common) confined to:
Mucosa, NOS
Lamina propria
Submucosa

20 Muscle wall (muscularis propria)

30 Localized, NOS

| 40 Periductal/fibromuscular connective tissue

60 Duodenum
Gallbladder
Pancreas
Liver, porta hepatis

65 Blood vessels: Portal vein, hepatic artery
Stomach
Colon
Omentum

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

Note: Codes C24.8-C24.9 (Biliary tract, NOS) are
included with gallbladder, C23.9.

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- 1 Cystic duct (node of the neck of
the gallbladder)
Pericholedochal (node around common
bile duct)
Node of the foramen of Winslow
Hilar (in the hepatoduodenal ligament)
- 2 Periportal,
Periduodenal
Peripancreatic (near head of pancreas only)
- 3 Regional lymph node(s), NOS

| -----

| DISTANT Lymph Nodes

- 5 Celiac
- 6 Mesenteric, superior
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

AMPULLA OF VATER

C24.1

C24.1 Ampulla of Vater

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to ampulla of Vater or extending to sphincter of Oddi
- 30 Localized, NOS
- 40 Duodenum and/or distal common duct
- 50 Tumor invasion into pancreas, incl. pancreatic duct, ≤2 cm and/or common duct, ≤2 cm
- 55 Pancreas, NOS and/or common duct, NOS
- 60 Tumor invasion into pancreas >2 cm and/or common duct, >2 cm
- 65 Extrahepatic bile ducts excluding sphincter of Oddi
- 70 Other adjacent organs
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Peripancreatic

Hepatic

Infrapyloric

Subpyloric

Celiac

Pancreaticoduodenal

Superior mesenteric

Retroperitoneal

Lateral aortic

In relation to ampulla of Vater:

Superior

Inferior

Anterior

Posterior

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

PANCREAS: HEAD, BODY, AND TAIL
C25.0-C25.4

C25.0 Head of pancreas
C25.1 Body of pancreas
C25.2 Tail of pancreas
C25.3 Pancreatic duct
C25.4 Islets of Langerhans

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: Islets of Langerhans are distributed throughout the pancreas, and, therefore, any extension code 00-85 can be used.

Note 2: Codes 60-80 represent contiguous extension of tumor from the site of origin.

EXTENSION

00 IN SITU: Noninvasive

10 Confined to pancreas

30 Localized, NOS

40 Extension to peripancreatic tissue, NOS
Fixation to adj. structures/NOS

44 Head of pancreas:

Extrahepatic bile ducts (incl. external right and left hepatic ducts, common hepatic duct, and common bile duct)
Ampulla of Vater
Duodenum

Body and/or tail of pancreas:

Duodenum

48 Body and/or tail of pancreas:

Extrahepatic bile ducts (incl. external right and left hepatic ducts, common hepatic duct, and common bile duct)
Ampulla of Vater

50 Head of pancreas:

Adjacent stomach
Stomach, NOS

Body and/or tail of pancreas:

Spleen

52 Head of pancreas:

Body of stomach

54 Head of pancreas:

Major blood vessel(s): Hepatic, pancreaticoduodenal and/or gastroduodenal arteries, superior mesenteric artery/vein, portal vein
Transverse colon, incl. hepatic flexure

56 Body and/or tail of pancreas:

Splenic flexure
Major blood vessel(s): Aortic, celiac artery, hepatic artery, splenic artery/vein, superior mesenteric artery/vein, portal vein

> Code(s) 45 are valid for 1988-1997 only.
See Appendix 2 for details.

EXTENSION (cont.)

- 62 **Body and/or tail of pancreas:**
Stomach
- 64 **Head of pancreas:**
Large intestine (other than
transverse colon incl.
hepatic flexure)
Spleen
- Body and/or tail of pancreas:**
Large intestine (other than
splenic flexure)
- 72 **Body and/or tail of pancreas:**
Left kidney; kidney, NOS;
left ureter; left adrenal (suprarenal)
gland; retroperitoneal soft tissue
(retroperitoneal space)
- 74 **Head of pancreas:**
Peritoneum, mesentery,
mesocolon, mesenteric fat
Greater/lesser omentum
- Body and/or tail of pancreas:**
Ileum and jejunum
Peritoneum, mesentery,
mesocolon, mesenteric fat
- 76 Liver (incl. porta hepatis);
gallbladder
- 78 **Head of pancreas:** Kidney; ureter;
adrenal gland; retroperitoneum;
jejunum; ileum
- Body and/or tail of pancreas:**
Right kidney/right ureter;
right adrenal gland
Diaphragm
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension
or metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- 1 REGIONAL Lymph Nodes
- Peripancreatic
Hepatic
Infrapyloric (**head only**)
Subpyloric (**head only**)
Celiac (**head only**)
- Superior mesenteric
Pancreaticocolic (**body and tail only**)
Splenic (**body and tail only**)
Retroperitoneal
Lateral aortic
- Regional lymph node(s), NOS
-
- DISTANT Lymph Nodes
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

> Code(s) 60, 65, 66, 67, and 70 are valid for 1988-1997 only. See Appendix 2 for details.

PANCREAS: OTHER AND UNSPECIFIED

C25.7-C25.9

C25.7 Other and unspecified parts of pancreas (neck)
 C25.8 Overlapping lesion of pancreas
 C25.9 Pancreas, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive
 10 Invasive tumor confined to pancreas
 30 Localized, NOS
 40 Peripancreatic tissue
 45 Duodenum
 Bile ducts
 Ampulla of Vater
 50 Stomach
 Spleen
 Colon
 Adjacent large vessels
 80 FURTHER contiguous extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

> Code(s) 60 are valid for 1988-1997 only.
 See Appendix 2 for details.

PANCREAS: OTHER AND UNSPECIFIED
C25.7-C25.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

> Infrapyloric; Subpyloric; Celiac; Pancreaticolienal;
> Splenic
Peripancreatic
Hepatic

Superior mesenteric
Retroperitoneal
Lateral aortic

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

OTHER AND ILL-DEFINED DIGESTIVE ORGANS

C26.0, C26.8-C26.9

C26.0 Intestinal tract, NOS
 C26.8 Overlapping lesion of digestive system
 C26.9 Gastrointestinal tract, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; radiographic report--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive
 10 Invasion of submucosa
 30 Localized, NOS
 40 Adjacent connective tissue
See definition of connective tissue on page ix.
 60 Adjacent organs/structures
*See definition of adjacent organs/structures on
 page ix.*
 80 FURTHER contiguous extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

OTHER AND ILL-DEFINED DIGESTIVE ORGANS

C26.0, C26.8-C26.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Subdiaphragmatic

Intra-abdominal

Paracaval

Pelvic

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

NASAL CAVITY AND MIDDLE EAR

C30.0-C30.1

C30.0 Nasal cavity (excluding Nose, NOS C76.0) ◇*

C30.1 Middle ear (tympanic cavity) ◇

◇ Laterality must be coded for this site.

* For laterality, nasal cartilage and nasal septum are coded 0.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor confined to site of origin

Nasal cavity: septum, meatus (superior, middle, inferior), nasal conchae (superior, middle, inferior)

Middle ear: septum, incus, malleus, stapes, tympanic membrane, cochlea

30 Localized, NOS

40 Adjacent connective tissue

Nasal cavity: nasolacrimal duct

Middle ear: auditory tube, nerve(s)

60 Adjacent organs/structures

Nasal cavity: choana, hard palate, frontal sinus, nasopharynx, bone of skull

Middle ear: nasopharynx, mastoid antrum, temporal bone, internal carotid artery, external auditory meatus

80 FURTHER contiguous extension

Middle ear: meninges

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MAXILLARY SINUS

C31.0

C31.0 Maxillary sinus (antrum) <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic reports; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to mucosa
of maxillary antrum (sinus)

30 Localized, NOS

40 Invasion of infrastructure:
Palatine bone
Palate, hard
Middle nasal meatus
Nasal cavity (lateral wall,
floor, septum, turbinates)60 Invasion of suprastructure:
Skin of cheek
Floor or posterior wall of
maxillary sinus
Floor or medial wall of orbit
Ethmoid sinus, anterior

65 Invasion of maxilla, NOS

66	Ethmoid sinus, posterior
>	Ethmoid, NOS
	Pterygoid plates

> 68 Infratemporal fossa

70	Nasopharynx
	Frontal sinus
	Palate, soft
	Base of skull
	Cribriform plate
	Pterygomaxillary or temporal fossa
	Orbital contents, including eye
>	Sphenoid

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

Note: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

>

- 1 One positive ipsilateral node
 ≤ 3 cm in greatest diameter
- 2 One positive ipsilateral node
 > 3 and ≤ 6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤ 6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤ 6 cm or size not stated
- 6 Any positive node(s), at least one > 6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ETHMOID SINUS

(new scheme 1/1/98)

C31.1

C31.1 Ethmoid sinus

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic reports; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to ethmoid without bone erosion

20 Invasive tumor confined to ethmoid with bone erosion (cribriform plate)

30 Localized, NOS

40 More than one ethmoid sinus invaded
Nasal cavity (lateral wall, floor, septum, turbinates)

60 Anterior orbit

65 Maxillary sinus

70 Intracranial extension
Orbital extension including apex
Nasopharynx
Sphenoid
Frontal sinus
Skin of external nose
Base of skull

>

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

> Code(s) 50 are valid for 1988-1997 only.
See Appendix 2 for details.

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

Note: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

- >
- 1 One positive ipsilateral node
≤3 cm in greatest diameter
 - 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter
 - 3 Multiple positive ipsilateral nodes ≤6 cm
 - 4 Ipsilateral, node size not stated
 - 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated
 - 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ACCESSORY (Paranasal) SINUSES
(excl. Maxillary and Ethmoid Sinuses)
C31.2-C31.3, C31.8-C31.9

C31.2 Frontal sinus <>
C31.3 Sphenoid sinus
C31.8 Overlapping lesion of accessory sinuses
C31.9 Accessory sinus, NOS

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic reports; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to mucosa
in one of the following:
Frontal sinus
Sphenoid sinus

30 Localized, NOS

40 More than one accessory sinus invaded
Destruction of bony wall of sinus

50 Palate
Nasal cavity (floor, septum, turbinates)

60 Bone: Orbital structures, facial bones,
pterygoid fossa, zygoma, maxilla

70 Nasopharynx
Muscles: Masseter, pterygoid
Soft tissue
Skin
Brain, incl. cranial nerves
Orbital contents, including eye

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

ACCESSORY (Paranasal) SINUSES
(excl. Maxillary and Ethmoid Sinuses)
C31.2-C31.3, C31.8-C31.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Retropharyngeal
Internal jugular (upper deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

Note: Measure the size of the metastasis in the lymph node to determine codes 1-6, not the size of the lymph node itself.

- 1 One positive ipsilateral node
 ≤3 cm in greatest diameter
- 2 One positive ipsilateral node
 >3 and ≤6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
 positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

GLOTTIC LARYNX

C32.0

C32.0 Glottis (vocal cord)

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor with normal vocal cord mobility confined to glottis, NOS

11 One vocal cord

12 Both vocal cords

30 Tumor involves adjacent region(s) of larynx
Supraglottis
Subglottis

35 Impaired vocal cord mobility

40 Tumor limited to larynx WITH
vocal cord fixation

> Involvement of intrinsic muscle(s);
 > Aryepiglottic; Arytenoid;
 > Cricoarytenoid; Cricothyroid;
 > Thyroepiglottic; Thyroarytenoid; Vocalis

50 Localized, NOS

60 Pre-epiglottic tissues
Postcricoid area
Pyriform sinus
Hypopharynx, NOS
Vallecula
Base of tongue

> 70 Extension to/through thyroid or cricoid cartilage
 > and/or oropharynx, soft tissues of neck,
 > of neck, extrinsic (strap) muscles,
 > {omohyoid, sternohyoid, sternothyroid,
 > thyrohyoid} skin,
 > thyroid gland, trachea

71 Cervical esophagus

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

> Code(s) 20 are valid for 1988-1997 only.
 See Appendix 2 for details.

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral or
bilateral nodes)

Internal jugular (upper, mid, and lower
deep cervical)
jugulodigastric
jugulo-omohyoid

Anterior cervical: Prelaryngeal, paralaryngeal,
pretracheal, paratracheal,
laterotracheal (recurrent laryngeal)

Submandibular (submaxillary)

Submental

Cervical, NOS

Retropharyngeal

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes
are ipsilateral.

Note 2: Measure the size of the metastasis in the
lymph node to determine codes 1-6,
not the size of the lymph node itself.

SUPRAGLOTTIC LARYNX

C32.1

C32.1 Supraglottis (false cord, epiglottis {posterior surface}, aryepiglottic fold)

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3

...

...

009 9 0.9

010 10 1.0

...

...

099 99 9.9

100 100 10.0

...

...

990 990 + 99.0 +

999 Not stated

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor with normal vocal cord mobility confined to:

Supraglottis (one subsite): i.e., laryngeal (posterior) surface of epiglottis, aryepiglottic fold, arytenoid cartilage, or ventricular bands (false cords)

Laryngeal cartilage, NOS; cuneiform, corniculate cartilages

Infrahyoid epiglottis; Suprahyoid epiglottis (including tip, lingual {anterior} and laryngeal surfaces)

Epilarynx, NOS

20 Tumor involves: More than one subsite of supraglottis without fixation or NOS

30 Tumor involves adjacent region(s) of larynx

35 Impaired vocal cord mobility

40 Tumor limited to larynx WITH vocal cord fixation

50 Localized, NOS

> 60 Region outside the supraglottis (mucosa of base of tongue, vallecula, medial wall of pyriform sinus) WITHOUT fixation

62 Code 60 WITH fixation

65 Pre-epiglottic tissues
Postcricoid area
Hypopharynx, NOS

66 Deep base of tongue

> 67 Cricoid cartilage

> 70 Extension to/through thyroid cartilage and/or oropharynx, cervical esophagus, soft tissues of neck, thyroid gland

> 72 Extrinsic (strap) muscles {omohyoid, sternohyoid, sternothyroid, thyrohyoid}; skin

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

> Code(s) 11 and 12 are valid for 1988-1997 only. See Appendix 2 for details.

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral or
bilateral nodes)

Internal jugular (upper and mid deep cervical)
jugulodigastric
jugulo-omohyoid

Anterior cervical: Prelaryngeal, pretracheal,
paralaryngeal, paratracheal,
laterotracheal (recurrent laryngeal)

Submandibular (submaxillary)

Submental

Retropharyngeal

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

> 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes
are ipsilateral.

Note 2: Measure the size of the metastasis in the
lymph node to determine codes 1-6, not the
size of the lymph node itself.

SUBGLOTTIC LARYNX

C32.2

C32.2 Subglottis

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor with normal vocal cord mobility
confined to subglottis30 Tumor involves adjacent region(s) of larynx
Vocal cords with normal or impaired mobility40 Tumor limited to larynx WITH vocal cord
fixation

50 Localized, NOS

> 60 Pre-epiglottic tissues; Postcricoid area; Pyriform
> sinus; Hypopharynx, NOS; Vallecula;
> Base of tongue

> 70 Extension to/through thyroid cartilage or cricoid
> cartilage and/or other tissues beyond larynx;
| oropharynx, cervical esophagus, soft tissues
> of neck, extrinsic (strap) muscles {omohyoid,
> sternohyoid, sternothyroid, thyrohyoid}
| thyroid gland, trachea, skin

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

> Code(s) 11, 12, 20, and 35 are valid for 1988-1997
only. See Appendix 2 for details.

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral
or bilateral nodes)

Internal jugular (mid and lower deep cervical)
jugulodigastric
jugulo-omohyoid

Anterior cervical: Prelaryngeal, pretracheal,
paratracheal, paralaryngeal, laterotracheal
(recurrent laryngeal)

Submandibular (submaxillary)

Submental

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

> 2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 1: If laterality is not specified, assume nodes
are ipsilateral.

Note 2: Measure the size of the metastasis in the
lymph node to determine codes 1-6, not the
size of the lymph node itself.

LARYNX, OVERLAPPING LESION OR NOT OTHERWISE SPECIFIED

(New scheme 1/1/98)

C32.3, C32.8-C32.9

C32.3 Laryngeal cartilage
C32.8 Overlapping lesion of larynx
C32.9 Larynx, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor confined to site of origin

20 Tumor involves: More than one subsite without fixation or NOS

30 Tumor involves adjacent region(s) of larynx

35 Impaired vocal cord mobility

40 Tumor limited to larynx WITH vocal cord fixation

50 Localized, NOS

60 Pre-epiglottic tissues
Postcricoid area
Pyriform sinus
Hypopharynx, NOS
Vallecula

> 70 Extension to/through thyroid cartilage or cricoid cartilage and/or oropharynx, cervical esophagus, soft tissues of neck, extrinsic (strap) muscles {omohyoid, sternohyoid, sternothyroid, thyrohyoid}, skin, thyroid gland, trachea

>

>

>

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

> Code(s) 11 and 12 are only valid for cases diagnosed 1988-1997. See Appendix 2 for details.

LARYNX, OVERLAPPING LESION OR NOS
C32.3, C32.8-C32.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral or
bilateral nodes)

Internal jugular (upper, mid and lower deep
cervical)

jugulodigastric

jugulo-omohyoid

Anterior cervical: Prelaryngeal, pretracheal,
paratracheal, paralaryngeal, laterotracheal
(recurrent laryngeal)

Submandibular (submaxillary)

Submental

Cervical, NOS

Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes
are ipsilateral.

Note 2: Measure the size of the metastasis in the
lymph node to determine codes 1-6, not the >
size of the lymph node itself.

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3 and ≤6 cm in greatest diameter

3 Multiple positive ipsilateral nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size not stated

6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

TRACHEA

C33.9

C33.9 Trachea

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Invasive tumor confined to trachea

30 Localized, NOS

40 Adjacent connective tissue
Brachiocephalic vein, common carotid arteries, carotid sheath, jugular arch, arch of aorta, recurrent laryngeal nerve, azygos vein, right vagus nerve, subclavian arteries, left vagus and phrenic nerves, pretracheal fascia

60 Adjacent organs/structures
Sternum, thymus, esophagus, pleura, cricoid cartilage, right and left main bronchi, thyroid gland, vertebral column

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes
Pretracheal
Paratracheal
Tracheal, NOS
Posterior mediastinal
Mediastinal, NOS
Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

BRONCHUS AND LUNG

C34.0-C34.3, C34.8-C34.9

C34.0	Main bronchus, incl. carina	<>
C34.1	Upper lobe, incl. lingula	<>
C34.2	Middle lobe	<>
C34.3	Lower lobe	<>
C34.8	Overlapping lesion of lung	<>
C34.9	Lung, NOS	<>

<> Laterality must be coded for this site (except carina).

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Note 1: Do not code size of hilar mass unless primary is stated to be in the hilum.

000 No primary tumor found
 001 Microscopic focus or foci only
 002 Malignant cells present in bronchopulmonary secretions

	<u>mm</u>	<u>cm</u>
003	≤3	≤0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
998	Diffuse (entire lobe or lung)	
999	Not stated	

Note 2: Assume tumor ≥ 2 cm from carina if lobectomy, segmental resection, or wedge resection is done.

Note 3: If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.

Note 4: "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Tumor confined to one lung (excl. primary in MSB)
- 20 Tumor involving main stem bronchus ≥ 2 cm from carina (primary in lung or MSB)
Extension to mainstem bronchus, NOS
- 25 Primary confined to the carina
- 30 Localized, NOS
- 40 Extension to:
 - Pleura, visceral or NOS
 - Pulmonary ligament
 - Atelectasis/obstructive pneumonitis involving < entire lung (or NOS)
 - WITHOUT pleural effusion
- 50 Tumor of/involving main stem bronchus <2.0 cm from carina
- 60 Extension to:
 - Chest (thoracic) wall
 - Parietal pericardium or NOS
 - Parietal (mediastinal) pleura
 - Brachial plexus from superior sulcus or Pancoast tumor (superior sulcus syndrome)
 - Diaphragm
 - Atelectasis/obstructive pneumonitis involving entire lung
- 65 Separate tumor nodule(s) in the SAME lobe.
- 70 Carina; trachea; esophagus
Mediastinum, extrapulmonary or NOS
Major blood vessel(s):
 - Pulmonary artery or vein; superior vena cava (SVC syndrome); aorta; azygos vein
 Nerve(s):
 - Recurrent laryngeal (vocal cord paralysis); vagus; phrenic; cervical sympathetic (Horner's syndrome)

Note 5: An involved pulmonary artery/vein in the mediastinum is coded to 70 (involvement of major blood vessel). However, if the involvement of the artery/vein appears to be only within lung tissue and not in the mediastinum, it would not be coded to 70.

EXTENSION (cont.)

- 71 Heart
Visceral pericardium
- 72 Malignant pleural effusion
Pleural effusion, NOS
- 73 Adjacent rib
- 75 Sternum
Vertebra(e)
Skeletal muscle
Skin of chest
- 77 Separate tumor nodule(s) in different lobe
- 78 Contralateral lung
Contralateral MSB
Separate tumor nodule(s) in contralateral lung
- 79 Pericardial effusion, NOS; malignant
pericardial effusion
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note 6: Ignore pleural effusion which is negative for tumor. Assume that a pleural effusion is negative if a resection is done.

LYMPH NODE NOTES

Note 7: If at mediastinoscopy/x-ray the description is mass/adenopathy/enlargement of any of the lymph nodes named in Lymph Nodes code 2 (for example, paraesophageal adenopathy), assume that it is involved mediastinal nodes.

Note 8: The words “no evidence of spread” or “remaining examination negative” are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.

Note 9: AJCC (TNM) classifies the lymph nodes in code 6 to N3.

BRONCHUS AND LUNG
C34.0-C34.3, C34.8-C34.9**LYMPH NODES**

- 0 No lymph node involvement

REGIONAL Lymph Nodes (Ipsilateral)

- 1 Intrapulmonary (incl. interlobar,
lobar, segmental)
Hilar (proximal lobar)
Peribronchial
- 2 Subcarinal
Carinal
Mediastinal, anterior, posterior, NOS
Peri/paratracheal (incl. tracheobronchial,
lower peritracheal, azygos)
Pre- and retrotracheal (incl. precarinal)
Peri/paraesophageal
Aortic (above diaphragm) (incl. peri/para-aortic,
subaortic, aortico-pulmonary window,
ascending aorta or phrenic)
Pulmonary ligament
Pericardial
- 5 Regional lymph node(s), NOS
- 6 Contralateral hilar or mediastinal
(incl. bilateral)
Supraclavicular (transverse cervical),
ipsilateral or contralateral
Scalene, ipsilateral or contralateral

DISTANT Lymph Nodes

- 7 Other than above (incl. cervical neck nodes)

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note 10: “Vocal cord paralysis,” “superior vena cava syndrome,” and “compression of the trachea or the esophagus” are classified as mediastinal lymph node involvement unless there is a statement of involvement by direct extension from the primary tumor.

HEART, MEDIASTINUM

C38.0-C38.3, C38.8

C38.0	Heart
C38.1	Anterior mediastinum
C38.2	Posterior mediastinum
C38.3	Mediastinum, NOS
C38.8	Overlapping lesion of heart, mediastinum and pleura

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report--in priority order)

Code

000	No mass; no tumor found
001	Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 10 Invasive tumor confined to site of origin
- 30 Localized, NOS
- 40 Adjacent connective tissue
See definition of connective tissue on page ix.

Heart: visceral pericardium (epicardium)

- 60 Adjacent organs/structures

Heart: parietal pericardium, ascending aorta, vena cava

Mediastinum: visceral pleura of lung, sternum, thymus, pericardium, esophagus, vertebrae, trachea, descending aorta; large (named) arteries, large (named) veins, thoracic duct, sympathetic nerve trunks, phrenic nerves, parietal pleura

- 80 FURTHER contiguous extension

- 85 Metastasis

- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes
Subcarinal
Carinal
Mediastinal, anterior, posterior, NOS
Peri/paratracheal (incl. tracheobronchial,
lower peritracheal, azygos)
Pre- and retrotracheal (incl. precarinal)
Peri/paraesophageal
Aortic (above diaphragm) (incl. peri/para-aortic,
subaortic, aortico-pulmonary window,
ascending aorta or phrenic)
Pulmonary ligament
Pericardial
Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

PLEURA

C38.4

C38.4 Pleura, NOS (incl. visceral and parietal)

◇

◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION10 Invasive tumor (mesothelioma) confined to pleura
Ipsilateral parietal and/or visceral pleura20 Mesothelioma WITH nodule(s) beneath
visceral pleural surface

30 Localized, NOS

40 Adjacent connective tissue
Pericardium
Endothoracic fascia

> | 42 Diaphragm

50 Mesothelioma nodule(s) which have
broken through the visceral
pleural surface to the lung
surface; lung involvement, NOS> | 60 Extension to adjacent organs/structures such as:
Chest wall
Rib
Heart muscle
> | Mediastinal organs or tissues70 Mesothelioma WITH malignant
pleural fluid; pleural effusion

| 78 Contralateral pleura, lung

| 80 FURTHER contiguous extension
Intra-abdominal organs, cervical tissues,
peritoneum

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (Ipsilateral)

1	Intrapulmonary (incl. interlobar, lobar, segmental) Hilar (proximal lobar) Peribronchial
2	Subcarinal Carinal Mediastinal, anterior, posterior, NOS Peri/paratracheal (incl. tracheobronchial, lower peritracheal, azygos) Pre- and retrotracheal (incl. precarinal) Peri/paraesophageal Aortic (above diaphragm) (incl. peri/para-aortic, subaortic, aortico-pulmonary window, ascending aorta or phrenic) Pulmonary ligament Pericardial

5	Regional lymph node(s), NOS
---	-----------------------------

6	Contralateral hilar or mediastinal (incl. bilateral) Supraclavicular (transverse cervical), ipsilateral or contralateral Scalene, ipsilateral or contralateral
---	--

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

**OTHER AND ILL-DEFINED RESPIRATORY
SITES AND INTRATHORACIC ORGANS**

C39.0, C39.8-C39.9

C39.0 Upper respiratory tract, NOS
C39.8 Overlapping lesion of respiratory system and
intrathoracic organs
C39.9 Ill-defined sites within respiratory system

SIZE OF PRIMARY TUMOR

(from pathology report; operative
report; radiographic report--in
priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

10	Invasive tumor confined to site of origin
30	Localized, NOS
40	Adjacent connective tissue <i>See definition of connective tissue on page ix.</i>
60	Adjacent organs/structures Visceral pleura of lung, sternum, thymus, pericardium, esophagus, vertebrae, trachea, descending aorta, parietal pericardium, large (named) arteries, large (named) veins, thoracic duct, sympathetic nerve trunks, phrenic nerves, parietal pleura
80	FURTHER contiguous extension
85	Metastasis
99	UNKNOWN if extension or metastasis

**OTHER AND ILL-DEFINED RESPIRATORY
SITES AND INTRATHORACIC ORGANS**
C39.0, C39.8-C39.9

LYMPH NODES

- 0 No lymph node involvement
-
- 1 REGIONAL Lymph Nodes
 - Subcarinal
 - Carinal
 - Mediastinal, anterior, posterior, NOS
 - Peri/paratracheal (incl. tracheobronchial,
lower peritracheal, azygos)
 - Pre- and retrotracheal (incl. precarinal)
 - Peri/paraesophageal
 - Aortic (above diaphragm) (incl. peri/para-aortic,
subaortic, aortico-pulmonary window,
ascending aorta or phrenic)
 - Pulmonary ligament
 - Pericardial
 - Regional lymph node(s), NOS
-
- 7 DISTANT Lymph Nodes
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

BONES, JOINTS, AND ARTICULAR CARTILAGE

C40.0-C40.3, C40.8-C40.9, C41.0-C41.4, C41.8-C41.9

C40.0	Long bones of upper limb, scapula and associated joints	◇
C40.1	Short bones of upper limb and associated joints	◇
C40.2	Long bones of lower limb and associated joints	◇
C40.3	Short bones of lower limb and associated joints	◇
C40.8	Overlapping lesion of bones, joints and articular cartilage of limbs	
C40.9	Bone of limb, NOS	
C41.0	Bones of skull and face and associated joints	
C41.1	Mandible	
C41.2	Vertebral column	
C41.3	Rib, Sternum, Clavicle and associated joints	◇*
C41.4	Pelvic bones, Sacrum, Coccyx and associated joints	◇**
C41.8	Overlapping lesion of bones, joints and articular cartilage	
C41.9	Bone, NOS (incl. articular cartilage)	

◇ Laterality must be coded for this site.

* For laterality, the sternum is coded 0.

** For laterality, the sacrum, coccyx, and symphysis pubis are coded 0.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 10 Invasive tumor confined to cortex of bone
- 20 Extension beyond cortex to periosteum (no break in periosteum)
- 30 Localized, NOS
- 40 Extension beyond periosteum to surrounding tissues, incl. adjacent skeletal muscle(s)
- 60 Adjacent bone/cartilage
- 70 Skin
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note 1: The cortex of a bone is the dense outer shell that provides strength to the bone; the spongy center of a bone is the cancellous portion.

The periosteum of the bone is the fibrous membrane covering of a bone which contains the blood vessels and nerves; the periosteum is similar to the capsule on a visceral organ.

BONES, JOINTS, AND ARTICULAR CARTILAGE
C40.0-C40.3, C40.8-C40.9, C41.0-C41.4, C41.8-C41.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 2:Regional lymph nodes are defined as those in the vicinity of the primary tumor.

Note 3:Regional lymph node involvement is rare. If there is no mention of lymph node involvement clinically, assume that lymph nodes are negative.

SKIN [excl. Malignant Melanoma (page 102), Kaposi's Sarcoma (page 176), Mycosis Fungoides (page 104), Sezary's Disease (page 104), and Other Lymphomas (page 180)]
C44.0-C44.9

C44.0 Skin of lip, NOS (excl. vermillion surface C00._)
C44.1 Eyelid <>
C44.2 External ear <>
C44.3 Skin of other and unspecified parts of face <>
C44.4 Skin of scalp and neck
C44.5 Skin of trunk <>
C44.6 Skin of upper limb and shoulder <>
C44.7 Skin of lower limb and hip <>
C44.8 Overlapping lesion of skin
C44.9 Skin, NOS

See also Note 3.

<> Laterality must be coded for this site. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9, midline, in the laterality field.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: In the case of multiple simultaneous tumors, code tumor with greatest extension.

Note 2: Skin ulceration does not alter the Extent of Disease classification.

Note 3: Skin of genital sites is not included in this scheme. These sites are skin of vulva (C51.0-C51.2, C51.8-C51.9), skin of penis (C60.0-C60.1, C60.8, C60.9) and skin of scrotum (C63.2).

EXTENSION

00 IN SITU: Noninvasive; intraepidermal; Bowen's disease

10 Lesion(s) confined to dermis
For eyelid: Minimal infiltration of dermis (not invading tarsal plate)

20 **For eyelid:** Infiltrates deeply into dermis (invading tarsal plate)

25 **For eyelid:** At eyelid margin

30 Involves full eyelid thickness

40 Localized, NOS

50 Subcutaneous tissue (through entire dermis)

60 Adjacent structures for eyelid, incl. orbit

70 Underlying cartilage, bone, skeletal muscle

75 Metastatic skin lesion(s)

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL by primary site (bilateral
or contralateral for head, neck, trunk)
- Head and Neck - All subsites: Cervical
- Lip: Preauricular, facial,
submental, submandibular
- Eyelid/canthus:
Preauricular, facial, submandibular,
infra-auricular
- External ear/auditory canal:
Pre-/post-auricular (mastoid)
- Face, Other (cheek, chin, forehead,
jaw, nose and temple):
Preauricular, facial,
submental, submandibular
- Scalp:
Preauricular, occipital, spinal accessory
(posterior cervical), mastoid
(postauricular)
- Neck:
Preauricular, occipital, spinal accessory
(posterior cervical), submental,
supraclavicular, axillary

LYMPH NODES (cont.)

- Upper trunk
Cervical, supraclavicular,
internal mammary, axillary
- Lower trunk
Femoral (superficial inguinal)
- Arm/shoulder
Axillary
Spinal accessory for shoulder
Epitrochlear for hand/forearm
- Leg/hip
Femoral (superficial inguinal)
Popliteal for heel and calf
- All sites
Regional lymph node(s), NOS

- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

MALIGNANT MELANOMA OF SKIN, VULVA, PENIS, SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2
(M-8720-8790)

C44.0 Skin of lip, NOS (excl. vermillion surface
C00._)

C44.1 Eyelid ◇

C44.2 External ear ◇

C44.3 Skin of other and unspecified parts of face ◇

C44.4 Skin of scalp and neck

C44.5 Skin of trunk ◇

C44.6 Skin of upper limb and shoulder ◇

C44.7 Skin of lower limb and hip ◇

C44.8 Overlapping lesion of skin

C44.9 Skin, NOS

C51.0 Labia majora

C51.1 Labia minora

C51.2 Clitoris

C51.8 Overlapping lesion of vulva

C51.9 Vulva, NOS

C60.0 Prepuce

C60.1 Glans penis

C60.8 Overlapping lesion of penis

C60.9 Penis, NOS

C63.2 Scrotum, NOS

See also Note 1.

◇ Laterality must be coded for this site. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9, midline, in the laterality field.

MEASURED THICKNESS (Depth)* of TUMOR (Breslow's measurement)

Record actual measurement (in millimeters)
from Pathology Department

*Thickness, NOT size, is coded.

Code

000 No mass; no tumor found

mm

001 0.01

002 0.02

...

074 0.74

075 0.75

076 0.76

...

103 1.03

104 1.04

105 1.05

...

...

990 9.90

999 Not stated

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

Clark's level I

Basement membrane of the epidermis is intact.

10 Papillary dermis invaded

Clark's level II

11 (10) WITH ulceration

20 Papillary-reticular dermal interface invaded

Clark's level III

21 (20) WITH ulceration

30 Reticular dermis invaded

Clark's level IV

31 (30) WITH ulceration

40 Skin/dermis, NOS

Localized, NOS

41 (40) WITH ulceration

50 Subcutaneous tissue invaded (through entire dermis)

Clark's level V

51 (50) WITH ulceration

60 Satellite nodule(s), NOS

62 Satellite nodule(s), ≤2 cm from primary tumor

64 (50-51) + (60) or (62)

70 Underlying cartilage, bone, skeletal muscle

80 FURTHER contiguous extension

85 Metastasis to skin or subcutaneous tissue beyond regional lymph nodes

87 Visceral metastasis; metastasis, NOS

99 UNKNOWN if extension or metastasis

MALIGNANT MELANOMA OF SKIN, VULVA, PENIS, SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2
(M-8720-8790)

LYMPH NODES

0 No lymph node involvement

REGIONAL by primary site (bilateral or
contralateral for head, neck, trunk)

Head and Neck - All subsites: Cervical

Lip: Preauricular, facial, submental,
submandibular

Eyelid/canthus: Preauricular, facial,
submandibular, infra-auricular

External ear/auditory canal:
Pre-/post-auricular (mastoid)

Face, Other (cheek, chin, forehead,
jaw, nose, and temple): Preauricular,
facial, submental, submandibular

Scalp:
Preauricular, occipital, spinal accessory
(posterior cervical), mastoid
(postauricular)

Neck:
Preauricular, occipital, spinal accessory
(posterior cervical), submental,
supraclavicular, axillary

Note 1: For melanoma of sites other than those
above, use site-specific schemes.

Note 2: If there is a discrepancy between the Clark
level and the pathologic description of
extent, use the higher (more extensive) code.

Note 3: Size in lymph nodes is size of metastasis,
not size of node.

LYMPH NODES (cont.)

Upper trunk

Cervical, supraclavicular,
internal mammary, axillary

Lower trunk

Femoral (superficial inguinal)

Arm/shoulder

Axillary
Spinal accessory for shoulder
Epitrochlear for hand/forearm

Leg/hip

Femoral (superficial inguinal)
Popliteal for heel and calf

Vulva/penis/scrotum

Femoral (superficial inguinal)
Deep inguinal

All sites

Regional, NOS

- 1 Lymph node(s) metastasis ≤ 3 cm
- 2 Lymph node(s) metastasis > 3 cm
- 3 In-transit metastasis
(Satellite lesion(s)/subcutaneous
nodule(s) > 2 cm from the primary
tumor, but not beyond the site
of primary lymph node drainage)
- 4 (2) + (3)
- 5 Size not given

DISTANT Lymph Nodes

- 7 Other than above

- 8 Lymph Nodes, NOS

- 9 UNKNOWN; not stated

MYCOSIS FUNGOIDES AND SEZARY'S DISEASE OF SKIN, VULVA, PENIS, SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2

(M-9700-9701)

C44.0	Skin of lip, NOS (excl. vermillion surface C00._)		<u>EXTENSION</u>
C44.1	Eyelid	<>	Plaques, papules, or erythematous patches ("plaque stage"):
C44.2	External ear	<>	
C44.3	Skin of other and unspecified parts of face	<>	
C44.4	Skin of scalp and neck	<>	> 10 MFCG Stage I [to differentiate from AJCC staging]
C44.5	Skin of trunk	<>	
C44.6	Skin of upper limb and shoulder	<>	> 20 MFCG Stage II [to differentiate from AJCC staging]
C44.7	Skin of lower limb and hip	<>	>
C44.8	Overlapping lesion of skin		
C44.9	Skin, NOS		25 % of body surface not stated, no tumors
C51.0	Labia majora		
C51.1	Labia minora		30 Skin involvement, NOS: extent not stated, no tumors
C51.2	Clitoris		Localized, NOS
C51.8	Overlapping lesion of vulva		
C51.9	Vulva, NOS		
C60.0	Prepuce		Tumor Stage
C60.1	Glans penis		
C60.8	Overlapping lesion of penis		50 One or more tumors (tumor stage)
C60.9	Penis, NOS		
C63.2	Scrotum, NOS	>	> 70 MFCG Stage III [to differentiate from AJCC staging]
<>	Laterality must be coded for this site. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9, midline, in the laterality field.		> 85 MFCG Stage IV [to differentiate from AJCC staging]
		>	99 UNKNOWN; not stated

PERIPHERAL BLOOD INVOLVEMENT

Note 1: For these sites, record peripheral blood involvement instead of size of tumor.

Code

000 No peripheral blood involvement

Atypical circulating cells in peripheral blood:

001 <5%

002 >5%

003 % not stated

999 Not applicable

Source: Developed by the Mycosis Fungoides Cooperative Group

Note 2: In approximating body surface, the palmar surface of the hand, including digits, is about 1%.

Note 3: Use code 25 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 30 when there is skin involvement but there is no mention of location/site.

MYCOSIS FUNGOIDES AND SEZARY'S DISEASE OF SKIN, VULVA, PENIS, SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2
(M-9700-9701)

LYMPH NODES

- 0 No lymph node involvement (No clinical adenopathy and either pathologically negative or no pathological statement)

Lymph Nodes

- 1 Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement
- 2 No clinically enlarged palpable lymph nodes(s) (adenopathy); pathologically positive lymph node(s)
- 3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes

- 9 UNKNOWN; not stated

**PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM;
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES**

C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

Peripheral Nerves and Autonomic Nervous System of

C47.0 Head, face and neck
C47.1 Upper limb and shoulder <>
C47.2 Lower limb and hip <>
C47.3 Thorax >
C47.4 Abdomen >
C47.5 Pelvis >
C47.6 Trunk, NOS >
C47.8 Overlapping lesion of sites .0 - .6 >
C47.9 Autonomic nervous system, NOS

EXTENSION

10 Invasive tumor confined to site/tissue of origin

11 Superficial invasion confined to site/tissue of origin

12 Deep invasion confined to site/tissue of origin

30 Localized, NOS

Connective, Subcutaneous and other Soft Tissues of

C49.0 Head, face and neck >
C49.1 Upper limb and shoulder <>
C49.2 Lower limb and hip <>
C49.3 Thorax >
C49.4 Abdomen >
C49.5 Pelvis >
C49.6 Trunk, NOS >
C49.8 Overlapping lesion of sites .0 - .6 >
C49.9 Autonomic nervous system, NOS >

31 Superficial invasion, NOS

32 Deep invasion, NOS

40 Adjacent connective tissue
See definition of adjacent connective tissue on page ix.

41 Superficial invasion of adjacent connective tissue

42 Deep invasion of adjacent connective tissue

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

60 Adjacent organs/structures incl. bone/cartilage
See definition of adjacent organs/structures on page ix.

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +

999 Not stated

Note 1: Connective tissue includes adipose tissue; aponeuroses; arteries; blood vessels; bursa; connective tissue, NOS; fascia; fatty tissue; fibrous tissue; ligaments; lymphatic channels (not nodes); muscle; skeletal muscle; subcutaneous tissue; synovia; tendons; tendon sheaths; veins; and vessels, NOS.
Peripheral nerves and autonomic nervous system includes: ganglia, nerve, parasympathetic nervous system, peripheral nerve, spinal nerve, sympathetic nervous system

Note 2: If a vessel has a name, for example, brachial artery or recurrent laryngeal nerve, consider it a structure (code 60).

**PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM;
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES**
C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL by primary site (bilateral
or contralateral for head, neck, trunk)
- Head and neck - All subsites: Cervical
- Lip: Preauricular, facial, submental,
submandibular
- Eyelid/canthus:
Preauricular, facial, submandibular,
infra-auricular
- External ear/auditory canal:
Pre-/post-auricular (mastoid)
- Face, Other (cheek, chin, forehead, jaw,
nose and temple): Preauricular, facial,
submental, submandibular
- Scalp:
Preauricular, occipital, spinal accessory
(posterior cervical), mastoid (postauricular)
- Neck:
Preauricular, occipital, spinal accessory
(posterior cervical), submental,
supraclavicular, axillary

LYMPH NODES (cont.)

- Upper trunk
Cervical, supraclavicular,
Internal mammary, axillary
- Lower trunk
Femoral (superficial inguinal)
- Arm/shoulder
Axillary
Spinal accessory for shoulder
Epitrochlear for hand/forearm
- Leg/hip
Femoral (superficial inguinal)
Popliteal for heel and calf
- All sites
Regional lymph node(s), NOS

- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

RETROPERITONEUM AND PERITONEUM

C48.0-C48.2, C48.8

- C48.0 Retroperitoneum
C48.1 Specified parts of peritoneum (incl.
omentum and mesentery)
C48.2 Peritoneum, NOS
C48.8 Overlapping lesion of retroperitoneum and
peritoneum

SIZE OF PRIMARY TUMOR

(from pathology report; operative
report; radiographic report--in
priority order)

Code

- 000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 10 Tumor confined to site of origin
30 Localized, NOS
40 Adjacent connective tissue
See definition of connective tissue on page ix.
60 Adjacent organs/structures incl. bone/cartilage

Retroperitoneum: pancreas, ascending colon,
descending colon, kidneys, adrenal glands,
vertebra, aorta, vena cava

Peritoneum: liver, gallbladder, esophagus,
stomach, small intestine, large intestine
(except as noted above), spleen

- 80 FURTHER contiguous extension
85 Metastasis
99 UNKNOWN if extension or metastasis

RETROPERITONEUM AND PERITONEUM
C48.0-C48.2, C48.8

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Subdiaphragmatic
Intra-abdominal
Paracaval
Pelvic
Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

BREAST

C50.0-C50.6, C50.8-C50.9

C50.0	Nipple	◇
C50.1	Central portion of breast (subareolar)	◇
C50.2	Upper inner quadrant of breast	◇
C50.3	Lower inner quadrant of breast	◇
C50.4	Upper outer quadrant of breast	◇
C50.5	Lower outer quadrant of breast	◇
C50.6	Axillary tail of breast	◇
C50.8	Overlapping lesion of breast	◇
C50.9	Breast, NOS	◇

◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination; mammography examination--in priority order; if multiple masses, code largest diameter)

- Record the size of the invasive component, if given.
- If both an *in situ* and an invasive component are present, and the invasive component is measured, record the size of the invasive component even if it is smaller.

Example Tumor is mixed in situ and invasive adenocarcinoma, total 3.7 cm in size, of which 1.4 cm is invasive.

Record tumor size as 014.

- If the size of the invasive component is **not** given, record the size of the entire tumor from the surgical report, pathology report, radiology report or clinical examination and document how the size was determined in the EOD Extension field.

Example Infiltrating duct carcinoma with 20% in situ component; total size 2.3 cm.

Record tumor size as 023. EOD

Extension code 14, 24, or 34.

Example Extensive duct carcinoma in situ covering a 1.9 cm area with small areas of invasive ductal carcinoma. *Record tumor size as 019. EOD Extension code 15, 25, or 35.*

- For purely *in situ* lesions, code the size as stated.

Code

000	No mass; no tumor found; no Paget's disease		
001	Microscopic focus or foci only		
002	Mammography/xerography diagnosis only with no size given (tumor not clinically palpable)		
	<u>mm</u>	<u>cm</u>	
003	≤3	≤0.3	
...			
...			
009	9	0.9	
010	10	1.0	
...			
...			
099	99	9.9	
100	100	10.0	
...			
...			
990	990	+	99.0 +

- Paget's Disease of nipple with no demonstrable tumor
- Diffuse; widespread: 3/4's or more of breast; inflammatory carcinoma
- Not stated

EXTENSION

- IN SITU: Noninfiltrating; intraductal WITHOUT infiltration; lobular neoplasia
- Paget's disease (WITHOUT underlying tumor)
- Confined to breast tissue and fat including nipple and/or areola
 - Entire tumor reported as invasive (no in situ component reported)
 - Invasive and in situ components present, size of invasive component stated and coded in Tumor Size
 - Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND in situ described as minimal (less than 25%)
 - Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND in situ described as extensive (25% or more)
 - Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND proportions of in situ and invasive not known
 - Invasive and in situ components present, unknown size of tumor (Tumor Size coded 999)
 - Unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor
- Invasion of subcutaneous tissue

Skin infiltration of primary breast including skin of nipple and/or areola

Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension

 - Entire tumor reported as invasive (no in situ component reported)
 - Invasive and in situ components present, size of invasive component stated and coded in Tumor Size
 - Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND in situ described as minimal (less than 25%)
 - Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND in situ described as extensive (25% or more)
 - Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND proportions of in situ and invasive not known
 - Invasive and in situ components present, unknown size of tumor (Tumor Size coded 999)

EXTENSION (cont.)**BREAST**
C50.0-C50.6, C50.8-C50.9

- 28 Unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor
- 30 Invasion of (or fixation to) pectoral fascia or muscle; deep fixation; attachment or fixation to pectoral muscle or underlying tissue
- 31 Entire tumor reported as invasive (no in situ component reported)
- 33 Invasive and in situ components present, size of invasive component stated and coded in Tumor Size
- 34 Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND in situ described as minimal (less than 25%)
- 35 Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND in situ described as extensive (25% or more)
- 36 Invasive and in situ components present, size of entire tumor coded in Tumor Size (size of invasive component not stated) AND proportions of in situ and invasive not known
- 37 Invasive and in situ components present, unknown size of tumor (Tumor Size coded 999)
- 38 Unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor
- 40 Invasion of (or fixation to) chest wall, ribs, intercostal or serratus anterior muscles
- 50 Extensive skin involvement:
Skin edema, peau d'orange, "pigskin," en cuirasse, lenticular nodule(s), inflammation of skin, erythema, ulceration of skin of breast, satellite nodule(s) in skin of primary breast
- 60 (50) + (40)
- 70 Inflammatory carcinoma, incl. diffuse (beyond that directly overlying the tumor) dermal lymphatic permeation or infiltration
- 80 FURTHER contiguous extension:
Skin over sternum, upper abdomen, axilla or opposite breast
- 85 Metastasis:
Bone, other than adjacent rib
Lung
Breast, contralateral--if stated as metastatic
Adrenal gland
Ovary
Satellite nodule(s) in skin other than primary breast
- 99 UNKNOWN if extension or metastasis

Note 1: Changes such as dimpling of the skin, tethering, and nipple retraction are caused by tension on Cooper's ligament(s), not by actual skin involvement. They do not alter the classification.

Note 2: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue; code '20'.

Note 3: Consider "fixation, NOS" as involvement of pectoralis muscle; code '30'.

Note 4:

If extension code is:	Behavior code must be:
00	2
05	2 or 3
10	3

Note 5: Measure the size of the metastasis in the lymph node to determine codes 1-4, not the size of the lymph node itself.

EXTENSION (cont.)

- 80 FURTHER contiguous extension:
Skin over sternum, upper abdomen,
axilla or opposite breast
- 85 Metastasis:
Bone, other than adjacent rib
Lung
Breast, contralateral--if stated as metastatic
Adrenal gland
Ovary
Satellite nodule(s) in skin other than
primary breast
- 99 UNKNOWN if extension or metastasis

Note 5: Measure the size of the metastasis in the lymph node to determine codes 1-4, not the size of the lymph node itself.

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes (ipsilateral)
Axillary
Level I/low: Adjacent to tail of breast
Level II/mid: Central, interpectoral, (Rotter's
node)
Level III/high: Subclavicular, apical

Infraclavicular
Intramammary
Nodule(s) in axillary fat

**Size of largest metastasis¹ in axillary node(s),
ipsilateral (codes 1-4):**

- 1 Micrometastasis (≤ 0.2 cm)
- 2 >0.2 - <2.0 cm, no extension beyond capsule
- 3 <2.0 cm WITH extension beyond capsule
- 4 ≥ 2.0 cm
- 5 Fixed/matted ipsilateral axillary nodes
- 6 Axillary/regional lymph nodes, NOS
Lymph nodes, NOS
- 7 Internal mammary node(s), ipsilateral

DISTANT Lymph Nodes

- 8 Cervical, NOS
Contralateral/bilateral axillary
and/or internal mammary
Supraclavicular (transverse cervical)
Other than above

- 9 UNKNOWN; not stated

¹Effective date January 1, 1992 diagnoses

VULVA (incl. Skin of Vulva)

[excl. **Malignant Melanoma** (page 102), **Kaposi's Sarcoma** (page 176), **Mycosis Fungoides** (page 104), **Sezary's Disease** (page 104), and **Other Lymphomas** (page 180)]

C51.0-C51.2, C51.8-C51.9

C51.0 Labia majora
 C51.1 Labia minora
 C51.2 Clitoris
 C51.8 Overlapping lesion of vulva
 C51.9 Vulva, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: Melanoma (M-8720-8790) of vulva is included in the melanoma scheme.

Note 2: Mycosis fungoides (M-9700) and Sezary's disease (M-9701) of vulva are included in the mycosis fungoides scheme.

EXTENSION

00 IN SITU: Noninvasive; Bowen's disease, intraepidermal
 FIGO Stage 0

>

10 Invasive cancer confined to:
 Submucosa
 Musculature
 Skin of vulva; Vulva

|

11 Vulva only: Stromal invasion ≤ 1 mm

|

12 Vulva only: Stromal invasion > 1 mm

30 Localized, NOS

|

40 Vulva and perineum, level of invasion not stated

|

41 Vulva and perineum, stromal invasion ≤ 1 mm

|

42 Vulva and perineum, stromal invasion > 1 mm

>

>

60 Extension to:
 Vagina
 Urethra
 Perianal skin
 Anus
 Rectal wall or Rectum, NOS; Bladder wall or Bladder, NOS
 FIGO Stage III

70 Rectal mucosa
 Perineal body

75 Extension to:
 Upper urethral mucosa
 Bladder mucosa
 Pelvic bone (Pubic bone)
 FIGO Stage IVA

|

80 FURTHER contiguous extension

85 Metastasis
 FIGO Stage IVB

99 UNKNOWN if extension or metastasis

>

>

Note 3: FIGO Stage I, IA and IB are defined by size of tumor (≤ 2 cm), involvement of vulva or vulva and perineum, and depth of stromal invasion as defined in codes 10, 11, 12, 30, 40, 41, and 42. FIGO Stage II is > 2 cm, but would be coded in the same range of codes.

VULVA (incl. Skin of Vulva)
(excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides, Sezary's Disease, and Other Lymphomas)
 C51.0-C51.2, C51.8-C51.9

LYMPH NODES

0 No lymph node involvement

 REGIONAL Lymph Nodes

Superficial inguinal (femoral)
 Deep inguinal, Rosenmuller's or Cloquet's node
 Regional Lymph nodes, NOS

| 1 Unilateral regional lymph nodes

| 5 Contralateral regional lymph nodes

 > DISTANT Lymph Nodes

| 6 External iliac
 Internal iliac (hypogastric)
 Pelvic, NOS

> 7 Other than above
 Common iliac

 8 Lymph Nodes, NOS

9 UNKNOWN; not stated

VAGINA

C52.9

C52.9 Vagina

SIZE OF PRIMARY TUMOR

(from pathology report; operative report;
endoscopic examination; physical examination--
in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note: "Frozen pelvis" is a clinical term which
means tumor extends to pelvic sidewall(s).
In the absence of a statement of involvement,
code as 60.

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive cancer confined to:
Submucosa (stroma)
FIGO Stage I

20 Musculature involved

30 Localized, NOS

40 Extension to:
Paravaginal soft tissue
Cervix
Vulva
Vesicovaginal septum
Rectovaginal septum
FIGO Stage II

50 Extension to:
Bladder wall or NOS
Rectal wall or NOS
Cul de sac (rectouterine pouch)
FIGO Stage II

60 Extension to pelvic wall
FIGO Stage III

70 Extension to bladder or rectal mucosa
FIGO Stage IVA

80 Extension beyond true pelvis
Extension to urethra
FIGO Stage IVA, not further specified

85 Metastasis
FIGO Stage IVB

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

| **All parts of vagina:**

- 1 Pelvic lymph nodes:
 - Iliac: Common
 - Internal (hypogastric)
 - External
 - Sacral promontory

Lower third of vagina:

- 2 Ipsilateral:
 - Inguinal
 - Femoral
- 3 Bilateral:
 - Inguinal
 - Femoral

| **Upper two-thirds of vagina:**

- 4 Pelvic, NOS

- 5 Regional lymph node(s), unknown
 - whether
primary is in upper or lower vagina

DISTANT Lymph Nodes

- 6 Inguinal (**upper two-thirds only**)
 - Aortic (para-, peri-, lateral)
 - Retroperitoneal, NOS
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

CERVIX UTERI

C53.0-C53.1, C53.8-C53.9

C53.0 Endocervix
C53.1 Exocervix
C53.8 Overlapping lesion of cervix uteri
C53.9 Cervix uteri

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: Involvement of anterior and/or posterior septum is coded as involvement of the vaginal wall.

Note 2: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 65.

Note 3: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

Note 4: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

EXTENSION

00 IN SITU: Preinvasive; noninvasive; intraepithelial Cancer in situ WITH endocervical gland involvement
FIGO Stage 0

01 CIN (Cervical intraepithelial neoplasia) Grade III

11 Minimal microscopic stromal invasion ≤ 3mm in depth and ≤ 7mm in horizontal spread
FIGO Stage IA1

12 "Microinvasion"
Tumor WITH invasive component > 3mm and ≤ 5 mm in depth, taken from the base of the epithelium, and ≤ 7 mm in horizontal spread
FIGO Stage IA2

20 Invasive cancer confined to cervix and tumor larger than that in code 12
FIGO Stage IB

30 Localized, NOS; confined to cervix uteri or uterus, NOS except corpus uteri, NOS

31 FIGO Stage I, not further specified

35 Corpus uteri, NOS

36 Code 35 plus 11

37 Code 35 plus 12

38 Code 35 plus 20

40 Extension to:
Upper 2/3's of vagina (incl. fornices and vagina/vaginal wall, NOS)
Cul de sac (rectouterine pouch)
FIGO Stage IIA

50 Extension to:
Parametrium (paracervical soft tissue)
Ligaments: Broad, uterosacral, cardinal
FIGO Stage IIB

EXTENSION (cont.)

- 60 Extension to:
 - Lower 1/3 of vagina; vulva
 - Rectal and/or bladder wall or NOS
 - Bullous edema of bladder mucosa
 - Ureter, intra- and extramuralFIGO Stage IIIA
- 65 Extension to:
 - Pelvic wall(s)
 - Hydronephrosis or nonfunctioning kidney
(except if other stated cause)FIGO Stage IIIB
- > 68 Fallopian tube; Ovary; Urethra
- 70 Extension to rectal or bladder mucosa
FIGO Stage IVA
- 80 FURTHER contiguous extension beyond true
pelvis
FIGO Stage IVA, not further specified
- 85 Metastasis
FIGO Stage IVB
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- 1 REGIONAL Lymph Nodes
- Paracervical
Parametrial
Iliac: Common Internal (hypogastric):
Obturator
External
- Pelvic, NOS
Sacral (lateral, presacral,
sacral promontory
(Gerota's), uterosacral, or NOS)
- Regional lymph node(s), NOS
-
- DISTANT Lymph Nodes
- 6 Aortic (para-, peri-, lateral)
- 7 Other than above
Inguinal
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

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CORPUS UTERI

DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR THE CORPUS UTERI

Careful attention must be given to the use of the term “confined to endometrium” for corpus uteri.

- 1) Determine if the tumor is confined to the columnar epithelium, in which case it is in situ, **OR**
- 2) if the tumor has penetrated the basement membrane to invade the stroma (lamina propria), in which case it is localized and is coded to invasion of the stroma.

The endometrium (mucosa) consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

There is NO MUSCULARIS MUCOSAE or SUBMUCOSA in the endometrium.

The MYOMETRIUM (muscularis) is composed of three layers of smooth muscle fibers; it constitutes the wall of the organ.

The SEROSA, the outermost layer covering the corpus uteri, is a serous membrane, part of the visceral peritoneum.

CORPUS UTERI
TABLE OF ANATOMIC STRUCTURES

PRIMARY SITE	ENDOMETRIUM (mucosa)			MYOMETRIUM (3 layers)	SEROSA
Corpus Uteri (C54. _)	Columnar Epithelium	B A S E : M E M : :	Stroma (lamina propria)	Yes	Yes
	Yes		Yes		

CORPUS UTERI; UTERUS, NOS (excluding Placenta)

C54.0-C54.3, C54.8-C54.9, C55.9

C54.0 Isthmus uteri
 C54.1 Endometrium
 C54.2 Myometrium
 C54.3 Fundus uteri
 C54.8 Overlapping lesion of corpus uteri
 C54.9 Corpus uteri
 C55.9 Uterus, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; endoscopic examination;
 physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: This EOD scheme should be used for sarcomas of the myometrium even though such cases are excluded from UICC/TNM staging of corpus.

Note 2: Adnexa is defined as the tubes, ovaries and ligament(s).

Note 3: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 65.

Note 4: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

EXTENSION

00 IN SITU: Preinvasive, noninvasive
 FIGO Stage 0

10 FIGO Stage I not further specified

11 Confined to endometrium (stroma)
 FIGO Stage IA

Invasion of myometrium

12 Myometrium--inner half
 FIGO Stage IB

13 Myometrium--outer half
 FIGO Stage IC

14 Myometrium--NOS

40 Localized, NOS

50 Cervix uteri, NOS
 FIGO Stage II, NOS

51 Endocervical glandular involvement only
 FIGO Stage IIA

52 Cervical stromal invasion
 FIGO Stage IIB

Note 5: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

Note 6: Sounding of the corpus is no longer a prognostic factor.
 Cases formerly coded 20 and 30 should be recoded to 10.
 Cases formerly coded 21 and 31 should be recoded to 11.
 Cases formerly coded to 22 and 32 should be recoded to 12.
 Cases formerly coded to 23 and 33 should be recoded to 13.
 Cases formerly coded to 24 and 34 should be recoded to 14.
 Cases formerly coded to 15, 25 and 25 should be recoded to 60.

> Code(s) 15, 20-25, 30-35, and 50 are valid for 1988-1997 only.
 See Appendix 2 for details.

CORPUS UTERI; UTERUS, NOS (excluding Placenta)
C54.0-C54.3, C54.8-C54.9, C55.9

EXTENSION (cont.)

60 Extension or metastasis within true pelvis:
Parametrium
Ligaments: Broad, round, uterosacral
Ovary(ies) and/or fallopian tube(s)
Pelvic serosa
Ureter; Vulva
FIGO Stage IIIA

61 Cancer cells in ascites
Cancer cells in peritoneal washings

64 Extension or metastasis to
Vagina
FIGO Stage IIIB

65 Extension to metastasis to
Pelvic wall(s)
FIGO Stage IIIB

66 Extension or metastasis to
Bowel and/or bladder wall or NOS
FIGO Stage IIIB

70 Extension to bowel or bladder mucosa
(excluding bullous edema)
FIGO Stage IVA

80 Further contiguous extension
Cul de sac; Sigmoid; Small intestine;
Abdominal serosa

85 Metastasis
FIGO Stage IVB

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Parametrial
Iliac: Common
Internal (hypogastric):
Obturator
External
Pelvic, NOS
Sacral (lateral, presacral, sacral promontory
(Gerota's), uterosacral, or NOS)

2 Aortic (para-, peri-, lateral)

5 Regional Lymph Nodes, NOS
FIGO Stage IIIC, NOS

DISTANT Lymph Nodes

6 Superficial inguinal

7 Other than above (incl.
deep inguinal)

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 7: According to the AJCC, extension to the
bowel or bladder mucosa must be proven by
biopsy in order to rule out bullous edema.

OVARY

C56.9

C56.9 Ovary <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

SIZECode

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: Code size of tumor, not size of the cyst.**Note 2:** Ascites WITH malignant cells changes FIGO Stages I and II to IC and IIC, respectively. Ascites, NOS is considered negative.

Note 3: Both extension to and discontinuous metastasis to any of the following pelvic organs is considered FIGO Stage II and coded in the range 50-65: adnexae, NOS; bladder, bladder serosa; broad ligament (mesovarium); cul-de-sac; fallopian tubes; ovary; parametrium; pelvic peritoneum; pelvic wall; rectum; sigmoid colon; sigmoid mesentery; ureter; uterus; uterine serosa.

EXTENSION

00 IN SITU: Preinvasive; noninvasive; intraepithelial

10 Tumor limited to one ovary, capsule intact, no tumor on ovarian surface
FIGO Stage IA20 Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface
FIGO Stage IB30 Localized, NOS; unknown if capsule(s) ruptured or one or both ovaries involved
FIGO Stage I, not further specified40 Tumor limited to ovary(ies), capsule(s) ruptured or tumor on ovarian surface
FIGO Stage IC41 Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings
FIGO Stage IC42 (40) + (41)
FIGO Stage IC, not further specified50 Extension to or implants on:
Uterus
Fallopian tube(s)
Adnexa, NOS
FIGO Stage IIA60 Extension to or implants on:
Pelvic wall
Pelvic tissue (broad ligament, adjacent peritoneum, mesovarium)
FIGO Stage IIB62 (50) and/or (60) WITH malignant cells in ascites or peritoneal washings
FIGO Stage IIC

65 FIGO Stage II, not further specified

Note 4: Peritoneal implants outside the pelvis (codes 70-72) must be microscopically confirmed. Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding.

EXTENSION (cont.)

- | 70* Microscopic peritoneal implants beyond pelvis,
including peritoneal surface of liver
FIGO Stage IIIA
- | 71* Macroscopic peritoneal implants beyond pelvis,
≤2 cm in diameter, including peritoneal
surface of liver
FIGO Stage IIIB
- > | 72* Peritoneal implants beyond pelvis, >2 cm in
diameter, including peritoneal surface
of liver
FIGO Stage IIIC
- 73 FIGO Stage III, not further specified
- > | 75* Peritoneal implants, NOS
- > | 80* FURTHER contiguous extension
- 85 Metastasis, including:
Liver parenchymal metastasis
Pleural fluid (positive cytology)
FIGO Stage IV
- 99 UNKNOWN if extension or metastasis
- | * Excludes parenchymal liver nodules (code 85).

Note 5: If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately (60-62) or (70-72). If the location is not specified, code as 75.

Note 6: Both extension to and discontinuous metastasis to any of the following abdominal organs is considered FIGO Stage III and coded in the range 70-75: abdominal mesentery; diaphragm; gallbladder; infracolic omentum; kidneys; large intestine except rectum and sigmoid colon; liver (peritoneal surface); omentum; pancreas; pericolic gutter; peritoneum, NOS; retroperitoneal lymph nodes; small intestine; spleen; stomach; ureters

LYMPH NODES

- 0 No lymph node involvement
-
- REGIONAL Lymph Nodes (incl. contralateral or bilateral nodes)
- 1 Iliac: Common
Internal (hypogastric):
Obturator
External
- Lateral sacral
Pelvic, NOS
- 2 Aortic (para-, peri-, lateral)
Retroperitoneal, NOS
- 3 Inguinal
- 4 (2) + (1) and/or (3)
- 5 Regional Lymph Nodes, NOS
-
- DISTANT Lymph Nodes
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

FALLOPIAN TUBE

(New scheme 1/1/98)

C57.0

C57.0 Fallopian tube <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: Positive lymph nodes (FIGO Stage IIIc) are coded in the lymph nodes field.**Note 2:** Liver capsule metastases are coded to 71-78; liver parenchymal metastases are coded to 85.**EXTENSION**

00 IN SITU: Noninvasive

10 Confined to fallopian tube, NOS

11 Confined to one fallopian tube without penetrating serosal surface; no ascites

12 Confined to both fallopian tubes without penetrating serosal surface; no ascites

13 Extension onto or through tubal serosa
Malignant ascites
Malignant peritoneal washings

30 Localized, NOS

40 Ovary, ipsilateral
Corpus uteri; uterus, NOS50 Peritoneum
Broad ligament, ipsilateral
Mesosalpinx, ipsilateral70 Omentum
Cul de sac (rectouterine pouch)
Sigmoid
Rectosigmoid
Small intestine
Ovary, contralateral

71 Pelvic extension with malignant cells in ascites or peritoneal washings

75 Peritoneal implants outside the pelvis, NOS

76 Microscopic peritoneal metastasis outside the pelvis

77 Macroscopic peritoneal metastasis ≤ 2 cm outside the pelvis

78 Peritoneal metastases > 2 cm

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Iliac: Common
Internal (hypogastric): Obturator
External
Lateral sacral
Pelvic, NOS

2 Aortic (para-, peri-, lateral)
Retroperitoneal, NOS

3 Inguinal

4 (2) plus (1) and/or (3)

5 Regional Lymph Nodes, NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA

C57.1-C57.4

C57.1 Broad ligament
 C57.2 Round ligament
 C57.3 Parametrium
 C57.4 Uterine adnexa

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; endoscopic examination;
 physical examination--in
 priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

| 10 Confined to tissue or organ of origin

30 Localized, NOS

40 Ovary, ipsilateral
 Corpus uteri; uterus, NOS

50 Peritoneum
 Fallopian tube for ligaments
 Mesosalpinx, ipsilateral

70 Omentum
 Cul de sac (rectouterine pouch)
 Sigmoid
 Rectosigmoid
 Small intestine
 Ovary, contralateral

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA
C57.1-C57.4

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Iliac: Common
Internal (hypogastric):
Obturator
External
Lateral sacral
Pelvic, NOS

2 Aortic (para-, peri-, lateral)
Retroperitoneal, NOS

3 Inguinal

4 (2) plus (1) and/or (3)

5 Regional Lymph Nodes, NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS

C57.7-C57.9

- C57.7 Other specified parts of female genital organs
 C57.8 Overlapping lesion of female genital organs
 C57.9 Female genital tract, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

- 000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Confined to site of origin
- 30 Localized, NOS
- 40 Adjacent connective tissue
See definition of connective tissue on page ix.
- 60 Adjacent organs/structures
 Female genital organs: fallopian tubes, broad ligament, round ligament, parametrium, adnexa, cervix uteri, corpus uteri, vagina, ovaries
- 80 FURTHER contiguous extension
 Other organs of pelvis
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS

C57.7-C57.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

PLACENTA
C58.9

C58.9 Placenta

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: This EOD scheme correlates to the AJCC's Gestational Trophoblastic Tumors scheme. In most cases, gestational trophoblastic tumors (ICD-O-2 morphology codes 9100 - 9104) are coded to placenta, C58.9

Note 2: If a gestational trophoblastic tumor (GTT) arises in another site, such as ovary, use the EOD scheme for that site.

Note 3: The risk factors for gestational trophoblastic tumor are:
1. human Chorionic Gonadotropin greater than 100,000 IU/24-hour urine
2. detection/duration of GTT disease more than six months from termination of the antecedent pregnancy

Note 4: Use NOS codes 10, 30, 40, 60, 70 when information about both risk factors is incomplete. Use codes 11, 31, 41, 61, 71 when information about both risk factors is known and is negative.

(New scheme 1/1/98)

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Confined to site of origin, NOS
- 11 Confined to site of origin with NO risk factors
- 12 Confined to site of origin with HCG > 100,000
- 13 Confined to site of origin with detection/duration of disease > 6 months
- 14 Confined to site of origin with both risk factors
- 30 Localized, NOS
- 31 Localized, NOS with NO risk factors
- 32 Localized, NOS with HCG > 100,000
- 33 Localized, NOS with detection/duration of disease > 6 months
- 34 Localized, NOS with both risk factors
- 40 Adjacent connective tissue, NOS
- 41 Adjacent connective tissue with NO risk factors
- 42 Adjacent connective tissue with HCG > 100,000
- 43 Adjacent connective tissue with detection/duration of disease > 6 months
- 44 Adjacent connective tissue with both risk factors
- 60 Other genital structures NOS: vagina, ovary, broad ligament, fallopian tube
- 61 Other genital structures with NO risk factors
- 62 Other genital structures with HCG > 100,000
- 63 Other genital structures with detection/duration of disease > 6 months
- 64 Other genital structures with both risk factors

> Code(s) 15, 20-25, and 50 are valid for 1988-1997 only. See Appendix 2 for details.

EXTENSION (cont.)

- 70 Metastasis to lung(s) only, NOS
- 71 Metastasis to lung(s) only with NO risk factors
- 72 Metastasis to lung(s) only with HCG > 100,000
- 73 Metastasis to lung(s) only with detection/duration
of disease > 6 months
- 74 Metastasis to lung(s) only with both risk factors
- 80 FURTHER contiguous extension
- 85 Metastasis other than lung
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

REGIONAL Lymph Nodes

- 1 Parametrial
Iliac: Common
Internal (hypogastric):
Obturator
External
Lateral sacral
Pelvic, NOS
Sacral (lateral, presacral, sacral promontory
(Gerota's), uterosacral, or NOS)
- 2 Aortic (para-, peri-, lateral)
- 5 Regional Lymph Nodes, NOS

DISTANT Lymph Nodes

- 6 Superficial inguinal
- 7 Other than above (incl. deep inguinal)
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

PENIS [excl. Malignant Melanoma (page 104), Kaposi's Sarcoma (page 176), Mycosis Fungoides (page 104), Sezary's Disease (page 104), and Other Lymphomas (page 180)]
C60.0-C60.9

C60.0 Prepuce
C60.1 Glans penis
C60.2 Body of penis*
C60.8 Overlapping lesion of penis
C60.9 Penis, NOS

* included with Other and Unspecified Male Genital Organs in previous EOD.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; Bowen's disease; intraepithelial

05 Noninvasive verrucous carcinoma

10 Invasive tumor limited to subepithelial connective tissue, but not involving corpus spongiosum or cavernosum

> If primary is skin: invasive tumor limited to skin

> of penis, prepuce (foreskin) and/or glands

30 Localized, NOS

40 Corpus cavernosum
Corpus spongiosum

50 Satellite nodule(s) on prepuce or glans

60 Urethra
Prostate

70 Adjacent structures
Skin: Pubic, scrotal, abdominal, perineum

> 80 FURTHER contiguous extension
Testis

85 Metastasis

99 UNKNOWN if extension or metastasis

Note 1: Melanoma (M-8720-8790) of penis is included in the melanoma scheme.

Note 2: Mycosis fungoides (M-9700) or Sezary's disease (M-9701) of penis is included in the mycosis fungoides scheme.

**PENIS (excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides,
Sezary's Disease, and Other Lymphomas)**
C60.0-C60.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 SINGLE superficial inguinal (femoral)

2 Multiple OR bilateral superficial inguinal
(femoral)

3 Deep inguinal: Rosenmuller's or Cloquet's node

5 Regional lymph node(s), NOS

6 External iliac
Internal iliac (hypogastric)
Pelvic nodes, NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

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PROSTATE

Use the following lists of terms to distinguish apparent from inapparent tumor in the prostate.

CLINICALLY APPARENT

YES	MAYBE	NO
Nodule	Asymmetrical	1+, 2+, or 3+ enlarged
Hard nodule	Significant asymmetry	30 gm size
Suspicious	Firm	60 gm size
Positive nodule	Slightly irregular	Slightly enlarged
Hard	Nodular	Large
Fixed	Firm ridge	Firm without nodule
? nodule	Diffusely firm	Very large
Firm, irregular	Abnormal	Moderately large median lobe
Induration		Firm, diffusely enlarged
Hard ridge		Elevated
		Unilateral enlargement

RADIOGRAPHICALLY APPARENT

YES	MAYBE	NO
Suspicious	Streaky densities in prostate	Mottled-appearing
Hypoechoic		Prominent S.V.
Suggesting invasion	Irregular indentations (bladder)	Negative
Streaky densities in periprostatic fat		Prominent prostate
Hypoechogenicity		Ultrasound negative
		Heterogenicity
		Homogenicity
		Hyperechoic
		Isoechoic
		Calcification

PROSTATE GLAND--CLINICAL

C61.9

C61.9 Prostate

Note 1: Transitional cell carcinoma of the prostatic urethra is to be coded to C68.0 Urethra and assigned EOD codes by that scheme.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 2: Use all information except the prostatectomy to code this field based on these clinical codes.

Note 3: Use codes 13 - 14 with a TURP only, not with a biopsy.
Do not use code 15 when a TURP is done.

Note 4: When tumor is found in one lobe or in both lobes by needle biopsy but is not palpable or visible by imaging, use extension code 15.

Note 5: Involvement of prostatic urethra does not alter the extension code.

Note 6: Clinically-apparent tumor is that which is palpable or visible by imaging.

Note 7: Use code 30 when there is insufficient information as to whether the tumor is clinically apparent or inapparent but the tumor is confined to the prostate.

CLINICAL EXTENSION (Excludes information from prostatectomy) (Effective with 1995 cases)

00 IN SITU: Noninvasive; intraepithelial

Codes 10-15: Clinically inapparent tumor not

palpable or visible by imaging; Incidentally found microscopic carcinoma (latent, occult) in one or both lobes

NOTE: give priority to codes 13-15 over code 10.

- 10 Number of foci or % of involved tissue not specified (A, NOS)
- 13 Incidental histologic finding in 5% or less of tissue resected (T1a)
- 14 Incidental histologic finding in more than 5% of tissue resected (T1b)
- 15 Tumor identified by needle bx, e.g., for elevated PSA (T1c)

Clinically/radiographically apparent

- 20 Involvement of one lobe, NOS (B) (T2a)
- 23 More than one lobe involved (B) (T2b)
- 24 Clinically apparent tumor confined to prostate, NOS (Stage B, NOS) (T2, NOS)

Inapparent or Apparent Tumor

- 30 Localized, NOS; confined to prostate, NOS
Intracapsular involvement only;
not stated if Stage A or B, T1 or T2
- 31 Into prostatic apex/arising in prostatic apex, NOS
- 33 Arising in prostatic apex
- 34 Extending into prostatic apex

Extension beyond prostate

- 41 Extension to periprostatic tissue (C1):
Extracapsular extension (beyond prostatic capsule), NOS
Through capsule, NOS
- 42 Unilateral extracapsular extension (T3a)
- 43 Bilateral extracapsular extension (T3a)
- 45 Extension to seminal vesicle(s) (C2) (T3b)
- 49 Periprostatic extension, NOS
(Unknown if seminal vesicle(s) involved)
(C, NOS; T3, NOS)

Note 8: Stage B can be further classified: B1, Small, discrete nodule(s) ≤1.5 cm, and B2 Nodule(s) >1.5 cm or in more than one lobe.

> Different coding schemes were in place for cases diagnosed for 1988-1997 only. See Appendix 2 for details.

CLINICAL EXTENSION (cont.)

- 50 Extension to or fixation to adjacent structures other than seminal vesicles (T4):
 Rectovesical (Denonvillier's) fascia
 Bladder, NOS
 Ureter(s)
 Fixation, NOS
 Extension to/fixation to bladder neck
 Rectum; external sphincter
 Levator muscles
 Skeletal muscle, NOS
- 60 Extension to or fixation to:
 Pelvic wall or pelvic bone
- 70 FURTHER extension to bone, soft tissue or other organs (D2)
- 85 Metastasis (D2); D, not further specified
- 90 UNKNOWN if extension or metastasis

Note 9: When a diagnosis is made prior to admission and the patient is admitted for a prostatectomy with no information provided on clinical findings, use code 30.

Note 10: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 60.

Note 11: If D1-D2 is based on involvement of lymph nodes only, code under lymph nodes and not extension.

Note 12: Some of the AUA stages and AJCC fifth edition T categories are provided as guidelines in coding this field in the absence of more specific information in the medical record.

Note 13: Do not code using T category if metastases are present (code to 85).

Note 14: Measure the size of the metastasis in the lymph node to determine codes 1-3, not the size of the lymph node itself.

LYMPH NODES

- 0 No lymph node involvement

 REGIONAL Lymph Nodes (incl. contralateral or bilateral nodes)
- Periprostatic
 Iliac: Internal (hypogastric):
 Obturator
 External
 Iliac, NOS
- Pelvic, NOS
 Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)
- Regional lymph node(s), NOS
- 1 Single lymph node \leq 2 cm
- 2 Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm
- 3 Lymph node(s), at least one >5 cm
- 5 Regional nodes, NOS

DISTANT Lymph Nodes

- 6 Aortic (para-, peri-, lateral, lumbar) Retroperitoneal, NOS
 Common iliac
 Inguinal, superficial (femoral) and/or deep
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

References: The American Urological Association Staging System (A-D)
AJCC Cancer Staging Manual, fifth edition,
 American Joint Committee on Cancer

PROSTATE GLAND--PATHOLOGIC C61.9

C61.9 Prostate

Note 1: Transitional cell carcinoma of the prostatic urethra is to be coded to C68.0 Urethra and assigned EOD codes by that scheme.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Note 2: Size of tumor is coded only once. See Tumor Size on page 136.

Note 3: Use all histologic information including the prostatectomy if done within first course of treatment. Code '99' if there was no prostatectomy performed within first course of treatment. This scheme includes evaluation of other pathologic tissue such as a biopsy of the rectum.

Note 4: Limit pathologic extent of disease information to within first course of treatment in the absence of disease progression.

Note 5: Involvement of prostatic urethra does not alter the extension code.

Note 6: Stage B can be further classified: B1, Small, discrete nodule(s) ≤ 1.5 cm, and B2 Nodule(s) > 1.5 cm or in more than one lobe.

PATHOLOGIC EXTENSION (Includes information from prostatectomy) (Effective with 1995 cases)

00 IN SITU: Noninvasive; intraepithelial

No extension beyond prostate

- 20 Involvement of one lobe, NOS (B) (pT2a)
- 23 More than one lobe involved (B) (pT2b)
- 30 Localized, NOS; confined to prostate, NOS
Intracapsular involvement only; Stage B, NOS, (pT2, NOS)
- 31 Into prostatic apex/arising in prostatic apex, NOS
33 Arising in prostatic apex
- 34 Extending into prostatic apex
- 32 Invasion into (but not beyond) prostatic capsule (C1)

Extension beyond prostate

- 40 No extracapsular extension but margins involved
- 41 Extension to periprostatic tissue (C1):
Extracapsular extension (beyond prostatic capsule), NOS
Through capsule, NOS
- 42 Unilateral extracapsular extension (pT3a)
- 43 Bilateral extracapsular extension (pT3a)
- 45 Extension to seminal vesicle(s) (C2) (pT3b)
- 48 Extracapsular extension and margins involved
- 50 Extension to or fixation to adjacent structures other than seminal vesicles (pT4):
Rectovesical (Denonvillier's) fascia
Bladder, NOS
Ureter(s)
Fixation, NOS
Extension to/fixation to bladder neck
Rectum; external sphincter
Levator muscles
Skeletal muscle, NOS

Note 7: When apical margin, distal urethral margin, bladder base, or bladder neck margin is involved and there is no extracapsular extension, use code 40.

Note 8: Incidental finding of prostate cancer during a prostatectomy for other reasons (for example, cystoprostatectomy for bladder cancer) should be coded to its actual extent of disease (one or both lobes or more).

PATHOLOGIC EXTENSION (cont.)

- 60 Extension to or fixation to:
Pelvic wall or pelvic bone

70 FURTHER extension to bone, soft tissue or other organs (D2)

85 Metastasis (D2); D, not further specified

90 UNKNOWN if extension or metastasis

98 Prostatectomy was done within first course of treatment, but there was disease progression

99 No prostatectomy done within first course of treatment.

Note 9: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 60.

Note 10: If D1-D2 is based on involvement of lymph nodes only, code under lymph nodes and not extension.

Note 11: Some of the AUA stages and AJCC fifth edition T categories are provided as guidelines in coding this field in the absence of more specific information in the medical record.

Note 12: Do not code using AJCC T category if metastases are present (code to 85).

Note 13: Measure the size of the metastasis in the lymph node to determine codes 1-3, not the size of the lymph node itself.

References: The American Urological Association Staging System (A-D)
AJCC Cancer Staging Manual, fifth edition, American Joint Committee on Cancer

LYMPH NODES

Note 14: Lymph nodes are coded only once, under Prostate Clinical (page 137).

TESTIS

C62.0-C62.1, C62.9

C62.0 Undescended testis <>
 C62.1 Descended testis <>
 C62.9 Testis, NOS <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intratubular

10 WITHOUT vascular/lymphatic invasion or NOS
 Body of testis
 Tunica albuginea; rete testis

15 WITH vascular/lymphatic invasion
 Body of testis
 Tunica albuginea; rete testis

20 Tunica vaginalis involved
 Surface implants

30 Localized, NOS
 Tunica, NOS

40 Epididymis involved WITHOUT vascular/lymphatic invasion or NOS

45 Epididymis involved WITH vascular/lymphatic invasion

50 Spermatic cord, ipsilateral
 Vas deferens

60 Scrotum, ipsilateral, incl. dartos muscle

70 Extension to scrotum, contralateral
 Ulceration of scrotum

75 Penis

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral or
bilateral nodes)

Paracaval
Aortic (para-, peri-, lateral)
External iliac
Retroperitoneal, NOS
Pelvic, NOS
Regional lymph node(s), NOS

Note 1: Metastasis in lymph nodes are now measured
by the size of the lymph node.

Note 2: Regardless of previous inguinal or scrotal
surgery, involvement of inguinal nodes is
always considered distant by SEER.

1 Single lymph node mass ≤ 2 cm OR multiple lymph
nodes, all ≤ 2 cm

2 Single lymph node mass > 2 to 5 cm OR
multiple lymphnodes any of which is > 2 to 5 cm

3 Lymph node(s), at least one > 5 cm

5 Size not stated

DISTANT Lymph Nodes

6 Inguinal nodes, superficial (femoral)
and/or deep

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

OTHER AND UNSPECIFIED MALE GENITAL ORGANS

[excl. the following malignancies of the Scrotum: **Malignant Melanoma** (page 102), **Kaposi's Sarcoma** (page 176), **Mycosis Fungoides** (page 104), **Sezary's Disease** (page 104), and **Other Lymphomas** (page 180)]
C63.0-C63.9

C63.0 Epididymis
C63.1 Spermatic cord
C63.2 Scrotum, NOS
C63.7 Other specified parts of male genital organs
C63.8 Overlapping lesion of male genital organs
C63.9 Male genital organs, NOS

◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial
10 Confined to site of origin
30 Localized, NOS
40 Adjacent connective tissue
See definition of connective tissue on page ix.
60 Adjacent organs/structures
Male genital organs: prostate, testis, penis, and sites in this scheme which are not the primary
80 FURTHER contiguous extension
Other organs and structures in male pelvis: bladder, urethra, rectum
85 Metastasis
99 UNKNOWN if extension or metastasis

Note 1: For scrotum cases only, melanoma (M-8720-8790) is included in the melanoma scheme.

Note 2: For scrotum cases only, mycosis fungoides (M-9700) or Sezary's disease (M-9701) is included in the mycosis fungoides scheme.

OTHER AND UNSPECIFIED MALE GENITAL ORGANS
(excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides,
Sezary's Disease, and Other Lymphomas of Scrotum)
C63.0-C63.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

External iliac

Internal iliac (hypogastric)

Superficial inguinal (femoral)

Deep inguinal: Rosenmuller's or Cloquet's node

Pelvic, NOS

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

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URINARY BLADDER, RENAL PELVIS and URETERS

The mucosa of the urinary tract consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

The urinary sites do NOT have a MUSCULARIS MUCOSAE, and, therefore, the lamina propria and the submucosa are difficult to separate. These terms are used interchangeably.

The SUBMUCOSA is a thick layer of either dense or areolar connective tissue. It contains blood vessels, lymphatic vessels, nerves, and, in some regions, glands.

The MUSCULARIS PROPRIA is composed of multiple layers of muscle tissue; it constitutes the wall of the organ.

The SEROSA, the outermost layer covering, is a serous membrane, part of the visceral peritoneum. It covers only the superior surface of the urinary bladder. There is no serosa on the renal pelvis or ureters. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the urinary organs and is called ADVENTITIA.

**URINARY BLADDER, RENAL PELVIS and URETERS
TABLE OF ANATOMIC STRUCTURES**

PRIMARY SITE	MUCOSA			MUSCULARIS PROPRIA	SEROSA
	Epithelium	B A S E : M E M B R A N E :	Lamina Propria Submucosa		
Urinary Bladder (C67.~)	Yes		Yes	Yes	Yes, on superior surface
Renal pelvis (C65.9)	Yes		Yes	Yes	No
Ureter(s) (C66.9)	Yes		Yes	Yes	No

KIDNEY (Renal Parenchyma)

C64.9

C64.9 Kidney, NOS (Kidney parenchyma) <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU

10 Invasive cancer confined to kidney
cortex
and/or medulla20 Renal pelvis or calyces involved
Invasion of renal capsule
Separate focus of tumor in renal
pelvis/calyx

30 Localized, NOS

40 Perirenal (perinephric) tissue/fat
Renal (Gerota's) fascia
Adrenal gland, ipsilateral
Retroperitoneal soft tissue60 Extension to:
Blood vessels:
Extrarenal portion of
renal vein; renal vein,
NOS
Inferior vena cava below
diaphragm
Tumor thrombus in a renal vein,
NOS
Perirenal vein

62 Vena cava above diaphragm

65 Extension beyond Gerota's fascia to:
Ureter, incl. implant(s),
ipsilateral
Tail of pancreas
Ascending colon from right
kidney
Descending colon from left
kidney
Duodenum from right kidney
Peritoneum
Diaphragm
Psoas muscle

70 Ribs

75 Spleen
Liver
Stomach

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or
metastasis

KIDNEY (Renal Parenchyma)
C64.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral and
bilateral)

Renal hilar

Paracaval

Aortic (para-, peri-, lateral)

Retroperitoneal, NOS

Regional lymph node(s), NOS

Note: Measure the size of the metastasis in the
lymph node to determine codes 1-3, not the
size of the lymph node itself.

1 Single lymph node ≤ 2 cm

2 Single lymph node $> 2-5$ cm OR
multiple nodes, none greater than 5 cm

3 Lymph node(s), at least one > 5 cm

> 5 Regional lymph node, NOS (size and/or number
not stated)

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

RENAL PELVIS AND URETER

C65.9, C66.9

C65.9 Renal pelvis ◇
 C66.9 Ureter ◇

◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative
 report; endoscopic examination;
 radiographic report--in priority
 order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1:

If extension code is:	Behavior code must be:
00 or 05	2
10	3

EXTENSION

00 Carcinoma-IN SITU, NOS
 05 Papillary noninvasive carcinoma
 10 Subepithelial connective tissue
 (lamina propria, submucosa) invaded
 20 Muscularis invaded
 30 Localized, NOS
 40 Extension to adjacent (connective) tissue:
 Peripelvic/periureteric tissue
 Retroperitoneal soft/connective tissue
 60 Kidney parenchyma and kidney, NOS
 62 Ureter from renal pelvis
 > 63 Psoas muscle (ureter only)
 > 65 Extension to bladder from ureter
 Implants in ureter
 66 Extension to major blood vessel(s):
 Aorta, renal artery/vein, vena cava (inferior)
 Tumor thrombus in a renal vein, NOS
 > 67 Adrenal gland from renal pelvis
 > 68 Duodenum from right renal pelvis or right ureter
 70 Perinephric fat via kidney
 Spleen
 Pancreas
 Liver
 Ascending colon from right renal
 pelvis/ureter
 Descending colon from left renal
 pelvis/ureter
 Colon, NOS
 > Kidney parenchyma from ureter (ipsilateral)
 Bladder, other than from distal ureter,
 i.e., renal pelvis
 > Bladder (wall or mucosa) from renal pelvis
 80 FURTHER contiguous extension
 Ureter: Prostate; Uterus
 >
 85 Metastasis
 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral and
bilateral)

Renal Pelvis:

Renal hilar

Paracaval

Aortic (para-, peri-, lateral)

Retroperitoneal, NOS

Regional lymph node(s), NOS

Ureter:

Renal hilar

Iliac: Common

Internal (hypogastric)

External

Paracaval

Periureteral

Pelvic, NOS

Regional lymph node(s), NOS

Note 2: Measure the size of the metastasis in the lymph node to determine codes 1-3, not the size of the lymph node itself.

1 Single lymph node ≤ 2 cm

2 Single lymph node $> 2-5$ cm OR
multiple nodes, none greater than 5 cm

3 Lymph node(s), at least one > 5 cm

5 Regional lymph node, NOS (size and/or number
not stated)

> DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

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URINARY BLADDER

DISTINGUISHING NONINVASIVE AND INVASIVE BLADDER CANCER

The two main types of bladder cancer are the flat (sessile) variety and the papillary type. Only the flat (sessile) variety is called in situ when tumor has not penetrated the basement membrane. Papillary tumor that has not penetrated the basement membrane is called non-invasive, and pathologists use many different descriptive terms for noninvasive papillary transitional cell carcinoma. Frequently, the pathology report does not contain a definite statement of noninvasion; however, noninvasion can be inferred from the microscopic description. The more commonly used descriptions for noninvasion are listed below.

Careful attention must be given to the use of the term “confined to mucosa” for urinary bladder. Historically, carcinomas described as “confined to mucosa” were coded as localized. However, pathologists use this designation for non-invasion as well. In order to rule out the possibility of coding noninvasive tumors in this category, abstractors should determine:

- 1) If the tumor is confined to the epithelium, then it is noninvasive.
- 2) If the tumor has penetrated the basement membrane to invade the lamina propria, then it is invasive. The terms lamina propria, submucosa, stroma, and subepithelial connective tissue are used interchangeably.
- 3) Only if this distinction cannot be made should the tumor be coded to “confined to mucosa.”

For Bladder Cases Only (effective for 1/1/1999 cases)

Definite Statements of Non-invasion

(extension code 01)

Non-infiltrating; non-invasive
 No evidence of invasion
 No extension into lamina propria
 No stromal invasion
 No extension into underlying supporting tissue
 Negative lamina propria and superficial muscle
 Negative muscle and (subepithelial) connective tissue
 No infiltrative behavior/component

For Bladder Cases Only (effective for 1/1/1999 cases)

Inferred Description of Non-invasion

(extension code 03)

No involvement of muscularis propria and no mention of subepithelium/submucosa
 No statement of invasion (microscopic description present)
 (Underlying) Tissue insufficient to judge depth of invasion
 No invasion of bladder wall; no involvement of muscularis propria
 Benign deeper tissue
 Microscopic description problematic for pathologist (non-invasion versus superficial invasion)
 Frond surfaced by transitional cells
 No mural infiltration
 No evidence of invasion (no sampled stroma)

BLADDER

C67.0-C67.9

C67.0 Trigone of bladder
 C67.1 Dome of bladder
 C67.2 Lateral wall of bladder
 C67.3 Anterior wall of bladder
 C67.4 Posterior wall of bladder
 C67.5 Bladder neck
 C67.6 Ureteric orifice
 C67.7 Urachus
 C67.8 Overlapping lesion of bladder
 C67.9 Bladder, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; x-ray report (KUB); physical examination--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: The lamina propria and submucosa tend to merge when there is no muscularis mucosae, so these terms will be used interchangeably.

Note 2: The meaning of the terms "invasion of mucosa, grade 1" and "invasion of mucosa, grade 2" varies with the pathologist who must be queried to determine whether the carcinoma is "noninvasive" or "invasive."

Note 3:

If extension code is	Behavior code must be
00 - 06	2
10	2 or 3
15+	3

EXTENSION

00 For cases through 12/31/1998:
 Sessile (flat) carcinoma IN SITU
 Carcinoma IN SITU, NOS

01* PAPILLARY transitional cell carcinoma, stated to be noninvasive
 Papillary non-infiltrating
 Jewett-Strong-Marshall Stage 0
 TNM/AJCC Ta

03* PAPILLARY transitional cell carcinoma, with inferred description of non-invasion

05 For cases through 12/31/1998:
 Noninvasive papillary (transitional) cell carcinoma

06* Sessile (flat) (solid) carcinoma in situ
 Carcinoma in situ, NOS
 Transitional cell carcinoma in situ
 TNM/AJCC Tis
 Jewett-Strong-Marshall CIS

10 Confined to mucosa, NOS

15 Invasive tumor confined to:
 Subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma)
 TNM/AJCC T1
 Jewett-Strong-Marshall Stage A

Muscle (muscularis) invaded

20 NOS

21 Superficial muscle--inner half

22 Deep muscle--outer half

23 Extension through full thickness of bladder wall

* Codes 01, 03, and 06 become effective for cases diagnosed 1/1/1999 and after.

Note 4: See page 151 for lists of terminology to differentiate codes 01 and 03.

Note 5: Statements Meaning Confined to Mucosa, NOS (code 10)
 Confined to mucosal surface
 Limited to mucosa, no invasion of submucosa and muscularis
 No infiltration /invasion of fibromuscular and muscular stroma
 Superficial, NOS

EXTENSION (cont.)

- 30 Localized, NOS
- 40 Adventitia
Perivesical fat/tissue, NOS
Periureteral fat/tissue
Extension to/through serosa (mesothelium)
Peritoneum
- 41 Perivesical fat (microscopic)
- 42 Perivesical fat (macroscopic)
Extravesical mass
- 60 Prostate
Urethra, including prostatic urethra
Ureter
- 65 Vas deferens; seminal vesicle
Rectovesical/Denonvilliers' fascia
Parametrium
- 67 Uterus
Vagina
- 70 Bladder FIXED
- 75 Pelvic wall
Abdominal wall
- 80 FURTHER contiguous extension
Bone; Colon; Rectum
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note 6: After 1/1/1999, recode previous '05' cases to '01.' Recode previous '00' cases to '06.' No review necessary for either recode.

Note 7: Periureteral in code 40 refers only to that portion of the ureter that is intramural to the bladder. All other periureteral involvement would be coded to 60.

Note 8: Measure the size of the metastasis in the lymph node to determine codes 1-3, not the size of the lymph node itself.

> Code(s) 50 are only valid for cases diagnosed 1988-1997. See Appendix 2 for details.

LYMPH NODES

- 0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral and bilateral)

Perivesical
Iliac: Internal (hypogastric):
Obturator
External
Iliac, NOS
Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)
Pelvic, NOS
Regional lymph node(s), NOS

- 1 Single lymph node ≤ 2 cm
- 2 Single lymph node $> 2-5$ cm OR multiple nodes, none greater than 5 cm
- 3 Lymph node(s), at least one > 5 cm
- 5 Regional lymph node, NOS (size and/or number not stated)

DISTANT Lymph Nodes

- 6 Common iliac
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

URETHRA, PARAURETHRAL GLAND, AND UNSPECIFIED URINARY ORGANS

C68.0-C68.1, C68.8-C68.9

C68.0 Urethra (incl. transitional cell carcinoma of prostatic urethra {M8120-8130})
 C68.1 Paraurethral gland
 C68.8 Overlapping lesion of urinary organs
 C68.9 Urinary system, NOS

EXTENSION

00 Carcinoma-IN SITU, NOS
 05 *Noninvasive papillary, polypoid, or verrucous carcinoma
 10 Subepithelial connective tissue (lamina propria, submucosa) invaded
 20 Muscularis invaded
 30 Localized, NOS
 40 Periurethral muscle (sphincter)
 Corpus spongiosum
 Prostate
 60 Beyond the prostatic capsule
 Corpus cavernosum
 *Vagina, anterior or NOS
 Bladder neck
 70 Other adjacent organs, incl. seminal vesicle(s)
 Bladder (excl. bladder neck)
 80 FURTHER contiguous extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; radiographic report--in priority order)

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +
999	Not stated	

Note 1: Cases coded to C68.8 and C68.9 were included with Renal Pelvis and Ureter in previous EOD editions.

* [code does apply to transitional cell carcinoma of prostatic urethra or prostatic ducts]

Note 2: If extension code is:
 00 or 05 Behavior code must be:
 10 2
 3

Note 3: Transitional cell carcinoma of the prostatic ducts and prostatic urethra are to be coded to urethra (C68.0) and EOD assigned according to this scheme.

> Code(s) 65 and 66 are valid for 1988-1997 only. See Appendix 2 for details.

URETHRA, PARAURETHRAL GLAND, AND AND UNSPECIFIED URINARY ORGANS

C68.0-C68.1, C68.8-C68.9

(C68.0 incl. transitional cell carcinoma of prostatic urethra {M8120-8130})

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contralateral and
bilateral)

Iliac: Common
Internal (hypogastric):
Obturator
External

Inguinal (superficial or deep)

Presacral, sacral NOS

Pelvic, NOS

Regional lymph node(s), NOS

1 Single lymph node ≤ 2 cm

2 Single lymph node > 2 -5 cm OR
multiple nodes, none greater than 5 cm

3 Lymph node(s), at least one > 5 cm

5 Size not stated

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note 4: Measure the size of the metastasis in the lymph node to determine codes 1-3, not the size of the lymph node itself.

CONJUNCTIVA

[excl. **Retinoblastoma** (page 178), **Malignant Melanoma** (page 158), **Kaposi's Sarcoma** (page 176), and **Lymphomas** (page 180)]
C69.0

C69.0 Conjunctiva <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU
10 Tumor confined to conjunctiva
40 Intraocular extension
50 Adjacent extraocular extension, excluding orbit
70 Orbit
80 FURTHER contiguous extension
85 Metastasis
99 UNKNOWN if extension or metastasis

CONJUNCTIVA
[excl. Retinoblastoma, Malignant Melanoma, Kaposi's Sarcoma, and Lymphomas]
C69.0

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular
Parotid (preauricular)
Cervical
Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MALIGNANT MELANOMA OF CONJUNCTIVA

C69.0 (M-8720-8790)

C69.0 Conjunctiva ◇

◇ Laterality must be coded for this site.

MEASURED THICKNESS (Depth)* of TUMOR
(Breslow's measurement)

*Thickness, NOT size, is coded.

Record Actual Measurement (in millimeters)
from Pathology DepartmentCode

000 No mass; no tumor found

mm

001 0.01

002 0.02

...

...

074 0.74

075 0.75

076 0.76

...

...

103 1.03

104 1.04

105 1.05

...

...

990 9.90

999 Not stated

EXTENSION

00 IN SITU

10 Tumor(s) of bulbar conjunctiva
occupying one quadrant or less12 Tumor(s) of bulbar conjunctiva
occupying more than one quadrant

15 Tumor(s) of bulbar conjunctiva, NOS

20 Tumor involves:
Conjunctival fornix
Palpebral conjunctiva
Caruncle

30 Localized, NOS

70 Eyelid
Cornea
Orbit

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

MALIGNANT MELANOMA OF CONJUNCTIVA
C69.0 (M-8720-8790)

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular
Parotid (preauricular)
Cervical
Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

UVEA AND OTHER EYE [excl. Retinoblastoma (page 178), Malignant Melanoma (page 162), Kaposi's Sarcoma (page 176), and Lymphomas (page 180)]
C69.1-C69.4, C69.8-C69.9

C69.1 Cornea <>
C69.2 Retina <>
C69.3 Choroid <>
C69.4 Ciliary body (iris, sclera, lens, eyeball) <>
C69.8 Overlapping lesion of eye and adnexa <>
C69.9 Eye, NOS <>

<> Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU
10 Tumor confined to site of origin
40 Intraocular extension
70 Adjacent extraocular extension
Eyelid
Orbit
80 FURTHER contiguous extension
85 Metastasis
99 UNKNOWN if extension or metastasis

Note: According to the AJCC, the uvea (uveal tract) consists of the iris, ciliary body and choroid.

**UVEA AND OTHER EYE [excl. Retinoblastoma, Malignant Melanoma,
Kaposi's Sarcoma, and Lymphomas]**
C69.1-C69.4, C69.8-C69.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular

Parotid (preauricular)

Cervical

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MALIGNANT MELANOMA OF UVEA AND OTHER EYE

C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

C69.1 Cornea ◇
 C69.2 Retina ◇
 C69.3 Choroid ◇
 C69.4 Ciliary body (iris, sclera, lens, eyeball) ◇
 C69.8 Overlapping lesion of eye and adnexa ◇
 C69.9 Eye, NOS ◇

◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Note 1: Record the largest tumor dimension instead of either depth or elevation.

Code

000 No mass; no tumor found
 001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +
999	Not stated	

Note 2: According to the AJCC, the uvea (uveal tract) consists of the iris, ciliary body and choroid.

EXTENSION

00 IN SITU

Iris

10 Tumor confined to iris
 40 Tumor involves 1 quadrant or less, with invasion into anterior chamber angle
 43 Tumor involves more than one quadrant, with invasion into anterior chamber angle
 44 Tumor involves more than one quadrant, with invasion into
 Ciliary body
 Choroid
 Other parts of eye
 45 Invasion into anterior chamber angle, NOS

Ciliary Body

12 Tumor limited to the ciliary body
 50 Tumor invades into anterior chamber and/or iris
 55 Tumor invades choroid
 > 56 Other intraocular extension
 > | Choroid and Other Eye (with or without
 > intraocular extension
 15 Tumor elevation ≤2mm
 17 Tumor elevation >2mm to ≤3mm
 20 Tumor elevation >3mm to ≤5mm
 25 Tumor elevation >5mm
 30 Localized, NOS

MALIGNANT MELANOMA OF UVEA AND OTHER EYE
C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

EXTENSION (cont.)

All Above Sites

- 70 Adjacent extraocular extension
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- 1 REGIONAL Lymph Nodes
 - Submandibular
 - Parotid (preauricular)
 - Cervical
 - Regional lymph node(s), NOS

DISTANT Lymph Nodes

- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

LACRIMAL GLAND

C69.5

C69.5 Lacrimal gland ◇

◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00	IN SITU
10	Tumor confined to lacrimal gland/duct
40	Invading periosteum of fossa of lacrimal gland/duct
60	Extension to any of the following without bone invasion: Orbital soft tissues Optic nerve Globe (eyeball)
70	Adjacent bone
80	FURTHER contiguous extension
85	Metastasis
99	UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular
Parotid (preauricular)
Cervical
Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ORBIT, NOS

C69.6

C69.6 Orbit, NOS



◇ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found

001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3

...

...

009	9	0.9
-----	---	-----

010	10	1.0
-----	----	-----

...

...

099	99	9.9
-----	----	-----

100	100	10.0
-----	-----	------

...

...

990	990 +	99.0 +
-----	-------	--------

999	Not stated	
-----	------------	--

Note: AJCC uses this scheme only for sarcomas of the orbit.

EXTENSION

00 IN SITU

10 Tumor confined to orbit

40 Diffuse invasion of orbital tissues and/or bony walls

60 Adjacent paranasal sinuses
Cranium

80 FURTHER contiguous extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular
Parotid (preauricular)
Cervical
Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

BRAIN AND CEREBRAL MENINGES

C70.0, C71.0-C71.9

		<u>Supra- (S) or</u> <u>Infratentorial (I)</u>
C70.0	Cerebral meninges	
C71.0	Cerebrum *	S
C71.1	Frontal lobe	S
C71.2	Temporal lobe	S
C71.3	Parietal lobe	S
C71.4	Occipital lobe	S
C71.5	Ventricle, NOS	S
C71.6	Cerebellum, NOS	I
C71.7	Brain stem	I
C71.8	Overlapping lesion of brain *	
C71.9	Brain, NOS *	

* See Note 1.

SIZE OF PRIMARY TUMOR

(from pathology report;
operative report; radiographic
report--in priority order.)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

Note 1: The following subsites coded to C71.0 are INFRAtentorial: hypothalamus, pallium, thalamus.
The following subsites coded to C71.8 are SUPRAtentorial: corpus callosum, tapetum
The following sites coded to C71.9 are SUPRAtentorial: anterior cranial fossa, middle cranial fossa, suprasellar; the following subsites coded to C71.9 are INFRA-tentorial: posterior cranial fossa

EXTENSION

00 IN SITU

10 Supratentorial tumor confined to
CEREBRAL HEMISPHERE (cerebrum)
or **MENINGES of CEREBRAL HEMI-
SPHERE** on one side:
Frontal lobe
Temporal lobe
Parietal lobe
Occipital lobe

11 Infratentorial tumor confined to
CEREBELLUM or **MENINGES of
CEREBELLUM** on one side:
Vermis: Median lobe of cerebellum
Lateral lobes

12 Infratentorial tumor confined to
BRAIN STEM or **MENINGES of
BRAIN STEM** on one side:
Thalamus, hypothalamus
Midbrain (mesencephalon)
Pons
Medulla oblongata

15 Confined to brain, NOS
Confined to meninges, NOS

20 Infratentorial tumor:
Both cerebellum and brain stem
involved WITH tumor on one side

30 Confined to ventricles or tumor invades or
encroaches upon ventricular system

40 Tumor crosses the midline, involves corpus
callosum (incl. splenium), or contralateral
hemisphere

50 Supratentorial tumor extends infratentorially
to involve cerebellum or brain stem

51 Infratentorial tumor extends supratentorially
to involve cerebrum (cerebral hemisphere)

Note 2: This EOD is compatible with the AJCC
fourth edition scheme TNM for brain. The
AJCC opted not to recommend a TNM
scheme in the fifth edition.

BRAIN AND CEREBRAL MENINGES
C70.0, C71.0-C71.9

EXTENSION (cont.)

- 60 Tumor invades:
 Bone (skull)
 Meninges (dura)
 Major blood vessel(s)
 Nerves--cranial nerves; spinal cord/canal
- 70 Extension to:
 Nasopharynx
 Posterior pharynx
 Nasal cavity
 Outside central nervous system (CNS)
 Circulating cells in cerebral spinal fluid (CSF)
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 9 Not Applicable

OTHER PARTS OF CENTRAL NERVOUS SYSTEM

C70.1, C70.9, C72.0-C72.5, C72.8-C72.9

C70.1	Spinal meninges
C70.9	Meninges, NOS
C72.0	Spinal cord
C72.1	Cauda equina
C72.2	Olfactory nerve
C72.3	Optic nerve
C72.4	Acoustic nerve
C72.5	Cranial nerve, NOS
C72.8	Overlapping lesion of brain and central nervous system
C72.9	Nervous system, NOS

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report--in priority order)

Code

000	No mass; no tumor found
001	Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

10	Tumor confined to tissue or site of origin
30	Localized, NOS
40	Meningeal tumor infiltrates nerve Nerve tumor infiltrates meninges (dura)
50	Adjacent connective/soft tissue Adjacent muscle
60	Major blood vessel(s) Sphenoid and frontal sinuses (skull) Brain, for cranial nerve tumors
70	Brain, except for cranial nerve tumors Eye Bone, other than skull
80	FURTHER contiguous extension
85	Metastasis
99	UNKNOWN if extension or metastasis

OTHER PARTS OF CENTRAL NERVOUS SYSTEM

C70.1, C70.9, C72.0-C72.5, C72.8-C72.9

LYMPH NODES

9 Not Applicable

THYROID GLAND

C73.9

C73.9 Thyroid gland

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Single invasive tumor confined to thyroid

20 Multiple foci confined to thyroid

30 Localized, NOS

40 Into thyroid capsule, but not beyond

50 Pericapsular soft/connective tissue
Parathyroid
Strap muscle(s): Sternothyroid, omohyoid, sternohyoid
Nerves: Recurrent laryngeal, vagus

60 Extension to:
Major blood vessel(s): Carotid artery, thyroid artery or vein, jugular vein
Sternocleidomastoid muscle
Esophagus
Larynx, incl. thyroid and cricoid cartilages
Tumor is described as "FIXED to adjacent tissues"

70 Trachea
Skeletal muscle, other than strap or sternocleidomastoid muscle
Bone

> 80 FURTHER contiguous extension
Mediastinal tissues

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Delphian node

Anterior cervical:

| paralaryngeal, prelaryngeal, laterotracheal,
pretracheal (recurrent laryngeal nerve chain)

Internal jugular (upper, middle, and lower deep
cervical):

Jugulodigastric

Jugulo-omohyoid

Retropharyngeal

Cervical, NOS

| Supraclavicular

1 Ipsilateral cervical nodes

2 Bilateral, contralateral, or midline cervical nodes

3 Tracheoesophageal (posterior mediastinal)
Upper anterior mediastinal
Mediastinal, NOS

5 Regional lymph node(s), NOS

DISTANT Lymph Nodes

6 Submandibular (submaxillary)
Submental

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

THYMUS, ADRENAL GLAND, AND OTHER ENDOCRINE GLANDS

C37.9, C74.0-C74.1, C74.9, C75.0-C75.5, C75.8-C75.9

C37.9	Thymus	
C74.0	Adrenal cortex	◊
C74.1	Adrenal medulla	◊
C74.9	Adrenal gland, NOS	◊
C75.0	Parathyroid gland	
C75.1	Pituitary gland	
C75.2	Craniopharyngeal duct	
C75.3	Pineal gland	
C75.4	Carotid body	◊
C75.5	Aortic body and other paraganglia	
C75.8	Overlapping lesion of endocrine glands and related structures	
C75.9	Endocrine gland, NOS	

◊ Laterality must be coded for this site.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive
- 10 Invasive carcinoma confined to gland of origin
- 30 Localized, NOS
- 40 Adjacent connective tissue
See definition of connective tissue on page ix.
- 60 Adjacent organs/structures
Thymus and aortic body: organs/structures in mediastinum
Adrenal: kidney, retroperitoneal structures
Parathyroid: thyroid, thyroid cartilage
Pituitary and craniopharyngeal duct: infundibulum, sphenoid body and sinuses, cavernous sinus, pons
Pineal: infratentorial and central brain
Carotid body: upper neck
- 80 FURTHER contiguous extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

THYMUS, ADRENAL GLAND, AND OTHER ENDOCRINE GLANDS
C37.9, C74.0-C74.1, C74.9, C75.0-C75.5, C75.8-C75.9

LYMPH NODES

Note: The regional lymph nodes for this scheme are those in the vicinity of the specific site:
Thymus--mediastinal
Adrenal--retroperitoneal
Parathyroid gland--cervical
Carotid body--cervical
Aortic body--mediastinal
Use code 9, not applicable, for the following sites:
Pituitary gland
Craniopharyngeal duct
Pineal gland

- 0 No lymph node involvement

1 REGIONAL Lymph Nodes

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS
9 UNKNOWN; not stated

KAPOSI'S SARCOMA OF ALL SITES
(M-9140)

ASSOCIATED WITH HIV*/AIDS

<u>Code</u>	
001	Yes/Present
002	No
999	Unknown

Note: Code HIV/AIDS status rather than size of tumor for Kaposi's sarcoma.

* Human Immunodeficiency Virus, types I and II. Older terminology includes HTLV-3 and LAV.

EXTENSION

Single Lesion

- 11 Skin
- 12 Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)
- 13 Visceral (e.g., pulmonary, gastrointestinal tract, spleen, other)

Multiple Lesions

- 21 Skin
- 22 Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)
- 23 Visceral (e.g., pulmonary, gastrointestinal tract, spleen, other)
- 24 (21) + (22)
- 25 (21) + (23)
- 26 (22) + (23)
- 27 (21) + (22) + (23)
- 29 Multiple lesions, NOS
- 99 UNKNOWN; not stated

KAPOSI'S SARCOMA OF ALL SITES
(M-9140)

LYMPH NODES

- 0 No lymph node involvement (No clinical adenopathy and either pathologically negative or no pathological statement)

Lymph Nodes

- 1 Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement
- 2 No clinically enlarged palpable lymph nodes(s) (adenopathy); pathologically positive lymph node(s)
- 3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes

- 9 UNKNOWN; not stated

RETINOBLASTOMA

C69.2 (M-9510-9514)

C69.2 Retina

Note: Code all retinoblastomas using this scheme, including conjunctiva, uvea and other parts of eye.

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found
001 Microscopic focus or foci only

	<u>mm</u>	<u>cm</u>
002	≤ 2	≤ 0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990 +	99.0 +
999	Not stated	

EXTENSION

10 Tumor(s) $\leq 25\%$ of retina
12 Tumor(s) $>25\%$ to $\leq 50\%$ of retina
15 Tumors $>50\%$ of retina
30 Tumor(s) confined to retina, NOS
40 Tumor cells in the vitreous body
45 Optic disc involved
48 Optic nerve as far as lamina cribrosa
50 Anterior chamber
Uvea
55 Intrasccleral invasion
60 Intraocular extension, NOS
70 Optic nerve beyond lamina cribrosa
72 Optic nerve, NOS
75 Other adjacent extraocular extension
80 FURTHER contiguous extension
85 Metastasis
99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular
Parotid (preauricular)
Cervical
Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA OF ALL SITES
[excl. Mycosis Fungoides and Sezary's Disease (page 104)]
(M-9590-9596, 9650-9699, 9702-9729)

ASSOCIATED WITH HIV*/AIDS**

001 Yes/Present
002 No
999 Unknown

Note: Code HIV/AIDS status rather than size of tumor for Hodgkin's disease and non-Hodgkin's lymphoma.

Note 1: E = Extralymphatic means other than lymph nodes and other lymphatic structures.

These lymphatic structures include spleen, thymus gland, Waldeyer's ring (tonsils), Peyer's patches (ileum) and lymphoid nodules in the appendix.

Any lymphatic structure is to be coded the same as a lymph node region.

Note 2: S = Spleen involvement

Note 3: If there is no mention of extranodal involvement but several diagnostic procedures were done, including laparotomy, interpret as no involvement.

Note 4: Involvement of adjacent soft tissue does not alter the classification.

EXTENSION

10 Involvement of a single lymph node region
Stage I
11 Localized involvement of a single extralymphatic organ or site
Stage IE
20 Involvement of two or more lymph node regions on the same side of the diaphragm
Stage II
21 Localized involvement of a single extralymphatic organ or site and its regional lymph node(s) on the same side of the diaphragm with or without involvement of other lymph node regions on the same side of the diaphragm
Direct extension to adjacent organs or tissues
Stage IIE
30 Involvement of lymph node regions on both sides of the diaphragm
Stage III
31 (30) + localized involvement of an extralymphatic organ or site
Stage IIIE
32 (30) + involvement of the spleen
Stage IIIS
33 (31) + (32)
Stage IIIES
80 Disseminated (multifocal) involvement of one or more extralymphatic organ(s)
Stage IV
99 UNSTAGED; not stated

* Human Immunodeficiency Virus, types I and II. Older terminology includes HTLV-3 and LAV.

** See Appendix 2 for cases diagnosed prior to 1990 (separate document).

HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA OF ALL SITES
[excl. Mycosis Fungoides and Sezary's Disease]
(M-9590-9596, 9650-9699, 9702-9729)

SYSTEMIC SYMPTOMS AT DIAGNOSIS

0 No B symptoms (Asymptomatic)

1 Any B symptom:
Night sweats
Unexplained fever (above 38[0] C)
Unexplained weight loss (generally >10% loss
of body weight in the six months before
admission)
B symptoms, NOS

2 Pruritus (if recurrent and unexplained)

3 1 + 2

9 UNKNOWN if symptoms; insufficient
information

**HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE,
and MYELOPROLIFERATIVE NEOPLASMS**

(ICD-O-3 Codes: M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-69, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9970, 9975, 9980, 9982-9987, 9989)

SIZE OF PRIMARY TUMOR

999 Not applicable

EXTENSION

10 Localized disease: **Solitary plasmacytoma only**

80 Systemic Disease: All others

This scheme includes the following*:

- 9731 = Plasmacytoma, NOS
- 9732 = Multiple myeloma
- 9733 = Plasma cell leukemia
- 9734 = Plasmacytoma, extramedullary
- 9740 = Mast cell sarcoma
- 9741 = Malignant mastocytosis
- 9742 = Mast cell leukemia
- 9750 = Malignant histiocytosis
- 9751 = Langerhans cell histiocytosis, NOS^
- 9752 = Langerhans cell histiocytosis, unifocal^
- 9753 = Langerhans cell histiocytosis, multifocal^
- 9754 = Langerhans cell histiocytosis disseminated
- 9755 = Histiocytic sarcoma
- 9756 = Langerhans cell sarcoma
- 9757 = Interdigitating dendritic cell sarcoma
- 9758 = Follicular dendritic cell sarcoma
- 9760 = Immunoproliferative disease, NOS
- 9761 = Waldenstrom macroglobulinemia
- 9762 = Heavy chain disease, NOS
- 9764 = Immunoproliferative small intestinal disease
- 9765 = Monoclonal gammopathy of undetermined significance^
- 9766 = Angiocentric immunoproliferative lesion^
- 9767 = Angioimmunoblastic lymphadenopathy^
- 9768 = T-gamma lymphoproliferative disease^
- 9769 = Immunoglobulin deposition disease^
- 9800 = Leukemia, NOS
- 9801 = Acute leukemia, NOS
- 9805 = Acute biphenotypic leukemia
- 9820 = Lymphoid leukemia, NOS
- 9823 = B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma
- 9826 = Burkitt cell leukemia
- 9827 = Adult T-cell leukemia/lymphoma (HTLV-1 positive)
- 9831 = T-cell large granular lymphocytic leukemia^
- 9832 = Prolymphocytic leukemia, NOS
- 9833 = Prolymphocytic leukemia, B-cell type
- 9834 = Prolymphocytic leukemia, T-cell type
- 9835 = Precursor cell lymphoblastic leukemia, NOS
- 9836 = Precursor B-cell lymphoblastic leukemia
- 9837 = Precursor T-cell lymphoblastic leukemia
- 9840 = Acute myeloid leukemia, M6 type

^ Usually considered of uncertain/borderline behavior

**HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE,
AND MYELOPROLIFERATIVE NEOPLASMS**

(ICD-O-3 Codes: M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-69, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9970, 9975, 9980, 9982-9987, 9989)

LYMPH NODES

9 Not applicable

Diagnoses included in this scheme, continued

9860 = Myeloid leukemia, NOS
9861 = Acute myeloid leukemia, NOS
9863 = Chronic myeloid leukemia, NOS
9866 = Acute promyelocytic leukemia
9867 = Acute myelomonocytic leukemia
9870 = Acute basophilic leukemia
9871 = Acute myeloid leukemia with abnormal marrow eosinophils
9872 = Acute myeloid leukemia, minimal differentiation
9873 = Acute myeloid leukemia without maturation
9874 = Acute myeloid leukemia with maturation
9875 = Chronic myelogenous leukemia, BCR/ABL positive
9876 = Atypical chronic myeloid leukemia BCR/ABL negative
9891 = Acute monocytic leukemia
9895 = Acute myeloid leukemia with multilineage dysplasia
9896 = Acute myeloid leukemia, t(8;21)(q22;q22)
9897 = Acute myeloid leukemia, 11q23 abnormalities
9910 = Acute megakaryoblastic leukemia
9920 = Therapy-related acute myeloid leukemia, NOS
9930 = Myeloid sarcoma
9931 = Acute panmyelosis with myelofibrosis
9940 = Hairy cell leukemia
9945 = Chronic myelomonocytic leukemia, NOS
9946 = Juvenile myelomonocytic leukemia
9948 = Aggressive NK-cell leukemia
9950 = Polycythemia vera
9960 = Chronic myeloproliferative disease, NOS
9961 = Myelosclerosis with myeloid metaplasia
9962 = Essential thrombocythemia
9963 = Chronic neutrophilic leukemia
9964 = Hypereosinophilic syndrome
9970 = Lymphoproliferative disorder, NOS^
9975 = Myeloproliferative disease, NOS^
9980 = Refractory anemia, NOS
9982 = Refractory anemia with sideroblasts
9983 = Refractory anemia with excess blasts
9984 = Refractory anemia with excess blasts in transformation
9985 = Refractory cytopenia with multilineage dysplasia
9986 = Myelodysplastic syndrome with 5q deletion (5q-) syndrome
9987 = Therapy-related myelodysplastic syndrome, NOS
9989 = Myelodysplastic syndrome, NOS

* Only preferred terms from ICD-O-3 are given

OTHER AND ILL-DEFINED SITES, UNKNOWN PRIMARY SITE

C76.0-C76.5, C76.7-C76.8, C80.9

C42._ and C77._, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms (page 182), Hodgkin's disease and non-Hodgkin's lymphoma (page 180), and Kaposi's sarcoma (page 176).

Other and Ill-defined Sites of

C76.0 Head, face or neck, NOS

C76.1 Thorax, NOS

C76.2 Abdomen, NOS

C76.3 Pelvis, NOS

C76.4 Upper limb, NOS

C76.5 Lower limb, NOS

C76.7 Other ill-defined sites

C76.8 Overlapping lesion of ill-defined sites

C80.9 Unknown primary site

SIZE OF PRIMARY TUMOR

999 Not applicable

EXTENSION

99 Not Applicable

C42.0 Blood

C42.1 Bone marrow

C42.2 Spleen

C42.3 Reticuloendothelial system, NOS

C42.3 Hematopoietic system, NOS

Lymph nodes of

C77.0 Head, face and neck

C77.1 Intrathoracic

C77.2 Intra-abdominal

C77.3 Axilla or arm

C77.4 Inguinal region or leg

C77.5 Pelvis

C77.8 Lymph nodes of multiple regions

C77.9 Lymph nodes, NOS

OTHER AND ILL-DEFINED SITES, UNKNOWN PRIMARY SITE

C76.0-C76.5, C76.7-C76.8, C80.9

C42.- and C77.-, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms, Hodgkin's disease and non-Hodgkin's lymphoma, and Kaposi's sarcoma.

LYMPH NODES

9 Not Applicable

APPENDIX 1

Laterality Codes from SEER Program Code Manual, third edition 1998

Code

0	Not a paired site
1	Right: origin of primary
2	Left: origin of primary
3	Only one side involved, right or left origin unspecified
4	Bilateral involvement, lateral origin unknown: stated to be single primary Both ovaries involved simultaneously, single histology Bilateral retinoblastomas Bilateral Wilms's tumors
9	Paired site, but no information concerning laterality; midline tumor

Laterality at diagnosis describes this primary site only.

Use code '3' if the laterality is not known but the tumor is confined to a single side of the paired organ.

Use code '9' when there is a midline tumor or when there is a paired site but the laterality is unknown because disease is extensive.

Example 1 Medical oncology referral states 'patient has a solitary 2 cm carcinoma in the upper pole of the kidney.'

Code laterality as '3,' because laterality is not specified but tumor is known not to be present in both sides of a paired site.

Example 2 Admitting history states that patient has a positive sputum cytology but is being treated with radiation to painful bony metastases.

Code laterality as '9,' because there is no information concerning laterality in the implied diagnosis of lung cancer and the case is metastatic.

Example 3 Patient has a melanoma just above the umbilicus excised as an outpatient.

Use laterality code '9,' midline.

APPENDIX 2

PANCREAS: HEAD, BODY, AND TAIL

C25.0-C25.4

The following codes are only valid for cases diagnosed 1988-1990.

EXTENSION

- 45 Extrahepatic bile ducts (includes external right and left hepatic ducts, common hepatic duct, and common bile duct)
 Ampulla of Vater
 Duodenum
- 60 **Head of pancreas:** Stomach
 Body and/or tail of pancreas:
 Left kidney; kidney, NOS
 Left ureter
 Spleen
 Left adrenal (suprarenal) gland
 Retroperitoneal soft tissue (retroperitoneal space)
- 65 **Head of pancreas:**
 Major blood vessel(s):
 Hepatic pancreaticoduodenal and/or gastroduodenal arteries, superior mesenteric artery/vein, portal vein
 Transverse colon, cecum, hepatic portal vein
 Peritoneum, mesentery, mesocolon, mesenteric fat
 Greater/lesser omentum
- Body and/or tail of pancreas:**
 Splenic flexure
 Ileum and jejunum
 Peritoneum, mesentery, mesocolon, mesenteric fat
 Major blood vessel(s): Aorta, celiac artery, hepatic artery, splenic artery/vein, superior mesenteric artery/vein, portal vein
- 66 Stomach from body and tail
- 67 Liver (includes porta hepatis)
 Gall bladder

APPENDIX 2

EXTENSION

PANCREAS: HEAD, BODY, AND TAIL (continued) C25.0-C25.4

The following codes are only valid for cases diagnosed 1988-1990.

70 Head of pancreas

- Kidney
- Ureter
- Adrenal gland
- Retroperitoneum
- Jejunum
- Ileum

Body and/or tail of pancreas

- Right kidney/right ureter
- Right adrenal gland
- Diaphragm
- Large intestine (other
 than splenic flexure)

APPENDIX 2

PANCREAS: OTHER AND UNSPECIFIED **C25.7-C25.9**

The following code(s) are only valid for cases diagnosed 1988-1990.

EXTENSION

60 Adjacent organs/structures

APPENDIX 2

ETHMOID SINUS

C31.1

The following code is only valid for cases diagnosed 1988-1997.

EXTENSION

50 Palate
 Nasal cavity (floor, septum,
 turbinates)

APPENDIX 2

GLOTTIC LARYNX

C32.0

The following code is only valid for cases diagnosed 1988-1997.

EXTENSION

20 Tumor involves: More than one
 subsite of **supraglottis**

APPENDIX 2

SUPRAGLOTTIC LARYNX

C32.1

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

- 11 One vocal cord (**glottic tumor**)
- 12 Both vocal cords (**glottic tumor**)

APPENDIX 2

SUBGLOTTIC LARYNX C32.2

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

- 11 One vocal cord (**glottic tumor**)
- 12 Both vocal cords (**glottic tumor**)
- 20 Tumor involves: More than one
subsite of **supraglottis**
- 35 Impaired vocal cord mobility
(**glottic tumor**)

APPENDIX 2

LARYNX, OVERLAPPING LESION OR NOT OTHERWISE SPECIFIED C32.3, C32.8-C32.9

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

- 11 One vocal cord (**glottic tumor**)
- 12 Both vocal cords (**glottic tumor**)

APPENDIX 2

CORPUS UTERI; UTERUS, NOS (excluding Placenta)
C54.0-C54.3, C54.8-C54.9, C55.9

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

15 Serosa

**Sounding of uterine cavity is ≤ 8.0
cm in length**

20 FIGO Stage IA not further
specified

21 Confined to endometrium
(stroma)

Extension to:

22 Myometrium--inner half

23 Myometrium--outer half

24 Myometrium--NOS

25 Serosa

**Sounding of uterine cavity is >8.0
cm in length**

30 FIGO Stage IB not further
specified

31 Confined to endometrium
(stroma)

Extension to:

32 Myometrium--inner half

33 Myometrium--outer half

34 Myometrium--NOS

35 Serosa

APPENDIX 2

PLACENTA

C58.9

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

15 Serosa

**Sounding of uterine cavity is ≤ 8.0
cm in length**

20 FIGO Stage IA not further
specified

21 Confined to endometrium
(stroma)

Extension to:

22 Myometrium--inner half

23 Myometrium--outer half

24 Myometrium--NOS

25 Serosa

**Sounding of uterine cavity is ≥ 8.0
cm in length**

35 Serosa

50 Cervix uteri, incl. endocervix
invaded
FIGO Stage II

APPENDIX 2

PROSTATE GLAND--CLINICAL

C61.9

The following coding scheme was in place for cases diagnosed 1988-1993.

EXTENSION

- 00 IN SITU: Noninvasive;
intraepithelial
- Incidentally found microscopic
carcinoma (latent)
- 10 Number of foci not specified (A)
- 11 ≤ 3 microscopic foci (A1 focal)
- 12 > 3 microscopic foci (A2 diffuse)
- 20 Palpable nodule(s) confined to prostate (intracapsular)--one lobe (B)
- 25 Multiple nodules confined to prostate (intracapsular)--more than one lobe (B)
- 30 Localized, NOS; confined to prostate, NOS (B, not further specified)
- 40 Invasion of prostatic capsule
(C1)
- 50 Extension to periprostatic tissue (C1):
Extracapsular extension (beyond prostatic capsule)
Extraprostatic urethra (membranous)
Bladder neck and/or prostatic apex
Through capsule, NOS
- 55 Extension to seminal vesicle(s)
(C2)
- 56 Extension to periprostatic tissue, NOS (C, not further specified)
- 60 Extension to or fixation of other adjacent structures:
Rectovesical (Denonvilliers') fascia
Bladder, NOS; ureter(s)
Rectum
Skeletal muscle (levator ani)
Fixation, NOS
- 70 Pelvic bone
Pelvic wall(s)
- 80 FURTHER extension to bone, soft tissue or other organs
(D2)
- 85 Metastasis (D2)
D, not further specified
- 99 UNKNOWN, if extension or metastasis

APPENDIX 2

PROSTATE GLAND--CLINICAL (continued) C61.9

The following coding scheme was in place for cases diagnosed 1994 only.

EXTENSION

00 IN SITU; Noninvasive; intraepithelial

Codes 10 - 15: Clinically inapparent tumor not palpable or visible by imaging; Incidentally found microscopic carcinoma (latent, occult) in one or both lobes [NOTE: give priority to codes 13-14 over codes 10-12,15.]

- 10 No. of foci or % of involved tissue not specified (A, NOS)
- 11 ≤ 3 microscopic foci (A1 focal)
- 12 > 3 microscopic foci (A2 diffuse)
- 13 Incidental histologic finding in 5% or less of tissue resected
- 14 Incidental histologic finding in more than 5% of tissue resected
- 15 Tumor identified by needle bx, e.g., for elevated PSA

Clinically apparent

Clinically inapparent followed by prostatectomy

20 Involvement of one lobe, NOS (B)	23
21 1/2 or less of one lobe involved	24
22 More than 1/2 of one lobe involved, not both lobes	26
25 More than one lobe involved (B)	28
27 Clinically-apparent tumor confined to prostate, NOS; Stage B, NOS	29
30 Localized, NOS; confined to prostate, NOS Intracapsular involvement only; not stated if Stage A or B, T1 or T2	31
40 Invasion of prostatic capsule (C1)	41
49 Into prostatic apex	48

Codes 50 - 56: Periprostatic extension

Codes 50 - 53: Extension to periprostatic tissue, but not seminal vesicles

- 50 Extension to periprostatic tissue (C1):
Extracapsular extension (beyond prostatic capsule), NOS
Through capsule, NOS
- 51 Unilateral extracapsular extension
- 52 Bilateral extracapsular extension
- 53 Extraprostatic urethra
- 55 Extension to seminal vesicle(s) (C2)

APPENDIX 2

PROSTATE GLAND--CLINICAL (continued) C61.9

EXTENSION

- 56 Periprostatic extension, NOS
(C, NOS; unknown if seminal vesicle(s) involved)
- 60 Extension to or fixation to adjacent structures other
than seminal vesicles:
 - Rectovisical (Denonvilliers') fascia
 - Bladder, NOS
 - Ureter(s)
 - Fixation, NOS
- 61 Bladder neck
- 62 Rectum; external sphincter
- 65 Levator muscles, skeletal muscle
- 70 Extension to or fixation to pelvic wall or pelvic bone
- 80 Further extension to bone, soft tissue, or other organs (D2)
- 85 Metastasis (D2); D, not further specified
- 99 UNKNOWN if extension or metastasis

Note: Clinically-apparent tumor: palpable, or visible by imaging.

Use code 30 for confined to prostate and no information on whether tumor was apparent or inapparent and no prostatectomy was done.

APPENDIX 2

PROSTATE GLAND--CLINICAL (continued) C61.9

The following coding scheme was in place for cases diagnosed 1995-1997 only.

EXTENSION

00 IN SITU; Noninvasive; intraepithelial

Clinically inapparent tumor not palpable or visible by imaging; incidentally found microscopic carcinoma (latent, occult), in one or both lobes

- 10 No. of foci or % of involved tissue not specified (A, NOS)
Clinically inapparent tumor confined to prostate, NOS (T1, NOS)
- 11 ≤ 3 microscopic foci (A1 focal)
- 12 > 3 microscopic foci (A2 diffuse)
- 13 Incidental histologic finding in 5% or less of tissue resected (T1a)
- 14 Incidental histologic finding in more than 5% of tissue resected (T1b)
- 15 Tumor identified by needle bx, e.g., for elevated PSA (T1c)

Clinically/radiographically apparent

- 20 Involvement of one lobe, NOS (B)
- 21 1/2 or less of one lobe involved (T2a)
- 22 More than 1/2 of 1 lobe involved, not both lobes (T2b)
- 23 More than one lobe involved (B); (T2b)
- 24 Clinically apparent tumor confined to prostate, NOS; (Stage B, NOS), (T2, NOS)
- 30 Not stated if clinically apparent or inapparent but Localized, NOS; Confined to prostate, NOS; Intracapsular involvement only
Not stated if Stage A or B, T1 or T2
- 31 Into prostatic apex/arising in prostatic apex
- 33 Arising in prostatic apex
- 34 Extending into prostatic apex

EXTENSION BEYOND PROSTATE

- 40 Invasion of prostatic capsule (C1)
- 41 Extension to periprostatic tissue (C1)
Extracapsular extension (beyond prostatic capsule), NOS
Through capsule, NOS
- 42 Unilateral extracapsular extension (T3a)
- 43 Bilateral extracapsular extension (T3b)
- 44 Extraprostatic urethra
- 45 Extension to seminal vesicle(s) (C2); (T3c)
- 49 Periprostatic extension, NOS
(C, NOS; T3, NOS; unknown if seminal vesicles(s) involved)
- 50 Extension to or fixation to adjacent structures other than seminal vesicles:
rectovesical (Denovilliers') fascia; Bladder, NOS; Ureter(s); Fixation, NOS;
(T4, NOS)
- 51 Extension to/fixation to:
Bladder neck (T4a)
- 52 Rectum; external sphincter (T4a)
- 53 Levator muscles (T4b)
- 60 Extension to or fixation to pelvic wall or pelvic bone (T4b)
- 61 Extension to or fixation to other skeletal muscle

APPENDIX 2

PROSTATE GLAND--CLINICAL (continued) C61.9

EXTENSION

- 70 Further extension to bone, soft tissue, or other organs (D2)
- 80 Metastasis (D2); D, not further specified
- 90 Unknown if extension or metastasis

Use all information except the prostatectomy to code this field based on the above codes.

Limit extent of disease information to 4 months after diagnosis in the absence of disease progression.

Give priority to codes 13-14 over codes 11-12.

Use code 30 when there is insufficient information as to whether the tumor is clinically apparent or inapparent but the tumor is confined to the prostate.

In parentheses some of the AUA stages and AJCC T numbers are given as guides in coding this field in the absence of information in the medical record. Note that some stages/T codes are in more than one category such as T2b can be either code 22 or 23. Note do not code using the T number if metastases are present.

APPENDIX 2

BLADDER

C67.0-C67.9

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

50 Extension to/through serosa (mesothelium); peritoneum

APPENDIX 2

URETHRA, PARAURETHRAL GLAND, AND UNSPECIFIED URINARY ORGANS C68.8-C68.9

The following codes are only valid for cases diagnosed 1988-1997.

EXTENSION

- 65 Extension to bladder
 from distal ureter
 Implants in distal ureter
- 66 Extension to major blood vessel(s):
 Aorta, renal artery/vein,
 vena cava (inferior)
 Tumor thrombus in a renal vein, NOS

APPENDIX 2

HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE, and MYELOPROLIFERATIVE NEOPLASMS

(M-9720, 9722-9723, 9731-9732, 9740-9741, 9760-9768, 9800-9941, 9950-9989)

SIZE OF PRIMARY TUMOR

999 Not applicable

EXTENSION

10 Localized disease: **Solitary plasmacytoma only**

80 Systemic Disease: All others

This scheme includes the following*:

9720 = Malignant histiocytosis
 9722 = Letterer-Siwe's disease
 9723 = True histiocytic lymphoma
 9731 = Plasmacytoma, NOS
 9732 = Multiple myeloma
 9740 = Mast cell sarcoma
 9741 = Malignant mastocytosis
 9760 = Immunoproliferative disease, NOS
 9761 = Waldenstrom's macroglobulinemia
 9762 = Alpha heavy chain disease
 9763 = Gamma heavy chain disease
 9764 = Immunoproliferative small intestinal disease
 9765 = Malignant monoclonal gammopathy
 9766 = Malignant angiocentric immunoproliferative lesion
 9767 = Malignant angioimmunoblastic lymphadenopathy
 9768 = Malignant T-gamma lymphoproliferative disease
 9800 = Leukemia, NOS
 9801 = Acute leukemia, NOS
 9802 = Subacute leukemia, NOS
 9803 = Chronic leukemia, NOS
 9804 = Aleukemic leukemia, NOS
 9820 = Lymphoid leukemia, NOS
 9821 = Acute lymphoblastic leukemia
 9822 = Subacute lymphoid leukemia
 9823 = Chronic lymphocytic leukemia
 9824 = Aleukemic lymphoid leukemia
 9825 = Prolymphocytic leukemia
 9826 = Burkitt's cell leukemia
 9827 = Adult T-cell leukemia/lymphoma
 9830 = Plasma cell leukemia
 9840 = Erythroleukemia
 9841 = Acute erythremia
 9842 = Chronic erythremia
 9850 = Lymphosarcoma cell leukemia
 9860 = Myeloid leukemia, NOS
 9861 = Acute myeloid leukemia
 9862 = Subacute myeloid leukemia

* Only preferred terms from ICD-O are given

APPENDIX 2

HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE, AND MYELOPROLIFERATIVE NEOPLASMS

(M-9720, 9722-9723, 9731-9732, 9760-9768, 9800-9941, 9950-9989)

LYMPH NODES

9 Not applicable

Diagnoses included in this scheme, continued

9863 = Chronic myeloid leukemia
9864 = Aleukemic myeloid leukemia
9866 = Acute promyelocytic leukemia
9867 = Acute myelomonocytic leukemia
9868 = Chronic myelomonocytic leukemia
9870 = Basophilic leukemia
9880 = Eosinophilic leukemia
9890 = Monocytic leukemia, NOS
9891 = Acute monocytic leukemia
9892 = Subacute monocytic leukemia
9893 = Chronic monocytic leukemia
9894 = Aleukemic monocytic leukemia
9900 = Mast cell leukemia
9910 = Acute megakaryoblastic leukemia
9930 = Myeloid sarcoma
9931 = Acute panmyelosis
9932 = Acute myelofibrosis
9940 = Hairy cell leukemia
9941 = Leukemic reticuloendotheliosis
9950 = Malignant polycythemia (rubra) vera
9960 = Malignant myeloproliferative disease, NOS
9961 = Malignant myelosclerosis with myeloid metaplasia
9962 = Malignant idiopathic/essential (hemorrhagic) thrombocythemia
9970 = Malignant lymphoproliferative disease, NOS
9980 = Malignant refractory anemia, NOS
9981 = Malignant refractory anemia without sideroblasts
9982 = Malignant refractory anemia with sideroblasts
9983 = Malignant refractory anemia with excess of blasts
9984 = Malignant refractory anemia with excess of blasts with transformation
9989 = Malignant myelodysplastic syndrome, NOS

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NOTE:

This index includes anatomic terms referenced in notes but does not include anatomic terms referenced within in the site-specific extension coding schemes.

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